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OF THE AIR FORCE**

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Operations

DUTY LIMITING CONDITIONS

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This Instruction implements Air Force Policy Directive (AFPD) 10-2, *Readiness*. This Instruction describes how to communicate to Commanders the individual restrictions for Airmen due to medical reasons. The application of restrictions is a Commander's program that is based on medical recommendations. This Instruction also describes the disposition and management of Airmen who have duty limitations and reporting requirements. It interfaces with AFPD 44-1, *Medical Operations*, and AFPD 48-1, *Aerospace Medicine Program*. This Instruction applies to all Active Duty (AD), Air National Guard (ANG) and Air Force Reserve Command (AFRC) Airmen (for the purposes of this Instruction, the term Airmen refers only to military members). This Instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Privacy Act System of Records Notice F044 AF SGD, *Automated Medical/Dental Records System*, applies and is available at <http://dpclo.defense.gov/privacy/>. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) AFMAN 33-363, *Management of Records*, and disposed of IAW the Air Force Records Disposition Schedule (RDS) maintained in the Air Force Records Information Management System (AFRIMS) located at <https://www.my.af.mil/afrims/afrims/rims.cfm>. The reporting requirements in this Instruction are exempt from licensing according to AFI 33-324, paragraph 2.11.10, *The Information Collections and Reports Management Program: Controlling Internal, Public, and Interagency Air Force Information Collections*. This publication may be supplemented at any level, but all direct Supplements must be routed to the OPR of this publication for coordination prior to certification and approval. Refer recommended

changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. The major changes include: renaming of the PHA and Individual Medical Readiness (PIMR) application to Aeromedical Services Information Management System (ASIMS) web-based application; implementation of the Initial Review-In-Lieu-Of (RILO) process as a precursor to Medical Evaluation Boards (MEB); healthcare provider generation of fitness restrictions (FR) and fitness assessment (FA) exemptions (FAE) using AF Form 469, *Duty Limiting Condition Report* and resultant modification of the role of the Exercise Physiologist (EP); revision of process flow for AF Form 469 impacting the FA; addition of flow charts outlining the Process Flow for AF Form 469; additional guidance on management of Duty Limiting Conditions (DLCs) impacting fitness; and the role of Medical Standards Management Element (MSME) in management of DLCs.

| | |
|--------------------------------------------------------------------------------------|----------|
| Chapter 1—GENERAL PROVISIONS | 5 |
| 1.1. Purpose. | 5 |
| 1.2. Physical Profile System to include Physical Profile Serial Chart (PULHES). | 5 |
| 1.3. Duty limitations. | 6 |
| 1.4. Special Considerations. | 7 |
| Chapter 2—RESPONSIBILITIES | 8 |
| 2.1. Chief of Staff of the Air Force. | 8 |
| 2.2. Air Force Surgeon General. | 8 |
| 2.3. AFMOA Aerospace Medicine. | 8 |
| 2.4. MAJCOM Chief of Aerospace Medicine (SGP). | 8 |
| 2.5. Installation Communications Squadron/Group. | 8 |
| 2.6. MTF Commander (MTF/CC). | 8 |
| 2.7. MTF SGP. | 9 |
| 2.8. MTF Senior Profiling Officer (SPO). | 10 |
| 2.9. MTF SGH. | 10 |
| 2.10. Clinic Providers. | 10 |
| 2.11. Competent Medical Authority (CMA). | 12 |
| 2.12. Clinical Consultants. | 13 |
| 2.13. Profiling Officer (PO). | 13 |

| | | |
|----------------------|----------------------------------------------------------------------------------------------|-----------|
| 2.14. | MSME. | 14 |
| 2.15. | FHM (or ARC equivalent). | 17 |
| 2.16. | Women's Health Clinic. | 17 |
| 2.17. | Unit Commander. | 17 |
| 2.18. | Airman. | 18 |
| 2.19. | Military Personnel Flight or Section (MPF or MPS). | 19 |
| 2.20. | EP or ARC Fitness Program MLO. | 19 |
| 2.21. | AFPC/DPANM. | 20 |
| Chapter 3— | ESTABLISHING AND DISSEMINATING DUTY LIMITATIONS | 21 |
| 3.1. | General Requirements. | 21 |
| 3.2. | Fitness Restrictions and Exemptions. | 22 |
| 3.3. | Duty Restrictions Only. | 24 |
| 3.4. | Mobility Restrictions (MR). | 24 |
| 3.5. | Pregnancy-related Duty Limitations. | 26 |
| 3.6. | Multiple Action AF Form 469. | 26 |
| 3.7. | External duty limitations (civilian or sister service). | 27 |
| 3.8. | Dental. | 27 |
| Chapter 4— | DAWG CASE MANAGEMENT REVIEW | 28 |
| 4.1. | Routine DAWG Case Reviews. | 28 |
| 4.2. | DAWG Review for Initial RILO. | 31 |
| 4.3. | Metrics. | 34 |
| Chapter 5— | FITNESS FOR DUTY (FFD)/ WORLD WIDE DUTY (WWD) AND PRESUMPTION OF FITNESS | 36 |
| 5.1. | Air Reserve Component (ARC) Airmen. | 36 |
| 5.2. | Presumption of Fitness. | 36 |
| Chapter 6— | LIMITED SCOPE MEDICAL TREATMENT FACILITIES (LSMTF) AND MEDICAL AID STATIONS (MAS) | 37 |
| 6.1. | Definitions. | 37 |
| 6.2. | Responsibilities. | 37 |
| Attachment 1— | GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION | 40 |
| Attachment 2— | DECISION TREE FOR NEW AF FORMS 469 (PARAGRAPH 1.3.2.) | 47 |
| Attachment 3— | PROVIDERS' PROCESS FLOW FOR AF FORM 469 | 48 |

Chapter 1

GENERAL PROVISIONS

1.1. Purpose. This Instruction establishes procedures for the documentation and administrative management of Airmen with injuries or illnesses that may impact their ability to perform their military duty. These procedures have been developed to ensure maximum utilization and readiness of personnel, while preserving their health and minimizing risk of further injury or illness. This Instruction and AFI 41-210, *Tricare Operations and Patient Administration Functions*, describe appropriate courses of action for Integrated Disability Evaluation System (IDES) pre-screening disposition when individuals have medical conditions potentially affecting their continued qualification for retention or deployability in the Air Force (AF), as outlined by the standards in AFI 48-123, *Medical Examinations and Standards*.

1.1.1. This Instruction provides a method to communicate medical recommendations to Commanders. This will allow optimum utilization of Airmen in their charge within the guidelines of the medical recommendations and ensure timely return to duty following medical evaluations related to potentially unfitting conditions.

1.1.2. Commanders may consult with the medical unit's Senior Profiling Officer (SPO) to maximize use of personnel with Duty Limiting Conditions (DLC). An assessment based on operational risk of personnel assigned to a unit is critical to maintaining unit readiness at the highest degree possible.

1.1.3. Purpose of AF Form 469. The AF Form 469 is used to describe physical limitations and recommend duty restrictions to the Commander when there is a potential risk to an Airman's health, safety and well being; the safety of the mission; or the ability of the Airman to effectively accomplish the mission. Additionally, the AF Form 469 is used to convey limitations related to the AF Fitness Program (FP) as well as FAE. In general, the AF Form 469 will describe what an Airman is unable to do.

1.1.4. Purpose of AF Form 422, *Notification of Air Force Member's Qualification Status*. The AF Form 422 is used for initial qualification, qualification for retirement or separation, military retraining, Permanent Change of Station (PCS), Professional Military Education (PME), and similar functions as directed in this or other guidance. The AF Form 422 may also be used for documentation of exercise prescriptions. The AF Form 422 describes what an Airman is qualified to do based on medical assessment (unless specifically directed otherwise, as in paragraph 3.3.2.1 of this Instruction).

1.1.4.1. Future ASIMS software changes may allow for Fitness Prescriptions to be added to a completed AF Form 469. Until that time, continue to use the AF Form 422 for exercise prescriptions IAW with this publication. When ASIMS is updated, guidance will be provided on how to place exercise prescriptions on the AF Form 469.

1.2. Physical Profile System to include Physical Profile Serial Chart (PULHES). The physical profile system classifies individuals according to physical/functional abilities and long term availability for worldwide duty IAW AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*.

1.2.1. Applicability. The physical profile system applies to the following categories of personnel:

1.2.1.1. Applicants for appointment, enlistment, and induction into military service.

1.2.1.2. AD, AFRC, and ANG Airmen; USAF Academy and Reserve Officers' Training Corps (ROTC) cadets; and students in the Uniformed Services University of Health Sciences (USUHS) and Health Professions Scholarship Program (HPSP).

1.2.2. Profiles. Profiles are descriptions of long-standing or permanent physical limitations which are used for establishing suitability for career fields or Air Force Specialty Codes (AFSC). A profile can be established on a DD Form 2808, *Report of Medical Examination*, an AF Form 422, or other forms as directed. Once a profile is established, it is re-validated during each Preventive Health Assessment (PHA) and is considered current unless the Airman has undergone a RILO (with or without initiation of an Assignment Limitation Code C (ALC-C)), Medical Evaluation Board (MEB), or a World Wide Duty (WWD) or Fitness for Duty (FFD) evaluation (Air Reserve Component (ARC) only), or has a current duty or mobility restriction of at least 6 months duration that is not expected to expire in the near future. See paragraph 3.1.4. of this Instruction for further guidance.

1.3. Duty limitations. Duty limitations (which can include restrictions for military occupation, mobility, and/or fitness) are entered on the AF Form 469. The maximum allowable duration of the AF Form 469 following RILO or MEB is 15 months. For any other restrictions the maximum allowable duration of the AF Form 469 is 365 days. Duty limiting conditions annotated on an AF Form 469 must be reviewed for appropriateness and accuracy at every clinical encounter between the Airman and a provider. Additionally, the AF Form 469 must be re-validated and renewed or revised, as appropriate, at each PHA at a minimum.

1.3.1. Any DLC which restricts mobility or may be unfitting for continued military service must undergo an Initial RILO at HQ AFPC Medical Retention Standards Branch (DPANM), or the appropriate ARC Chief of Aerospace Medicine (SGP), after 365 cumulative days of restrictions documented on an AF Form 469 related to that condition IAW AFIs 48-123 and 41-210. The Initial RILO at DPANM or ARC SGP may result in Return To Duty (RTD) without restrictions, RTD with ALC-C, referral for MEB, or other outcomes as directed by DPANM or ARC SGP. Airmen with an Assignment Availability Code (AAC) 31 (mobility restriction greater than 30 days) that exceeds, or is reasonably expected to exceed, 365 days (cumulative for same or related condition) require review by the installation Deployment Availability Working Group (DAWG) with referral, if indicated, to DPANM or ARC SGP for Initial RILO, unless discussed with DPANM or ARC SGP.

1.3.2. ASIMS can track up to 3 duty limiting conditions simultaneously; however, an Airman may only have one active AF Form 469 at a time. If a provider desires to add a new diagnosis to an existing AF Form 469, the mobility impact of the restriction and desired release date of the new diagnosis must be considered in light of the existing AF Form 469 restrictions and dates (see Attachment 2). If the new diagnosis is mobility restricting and the release date will not exceed the maximum duration of the existing AF Form 469, the provider can edit the existing AF Form 469 and add the new diagnosis information. If the new diagnosis is mobility restricting and will exceed the maximum duration of the existing AF Form 469, the provider must re-accomplish an AF Form 469 including any pre-existing limitations. If the new diagnosis is not mobility restricting, the existing AF Form 469 will

allow the addition of the new diagnosis and an extended release date not greater than 365 days. **Note:** ASIMS maintains a record of all previous AF Form 469s.

1.3.3. Individuals may have up to three distinct medical conditions requiring duty, mobility and/or fitness restrictions on an AF Form 469 with up to three separate expiration dates. If there is more than one diagnosis on the AF Form 469, the provider will indicate functional limitations (if any) and expiration date of each duty or mobility restriction in the "Restrictions" section, as well as limitations to fitness activities in the "Fitness" section. This will prevent the medical staff from having to initiate a new AF Form 469 when one set of restrictions reaches the expected release date, but the patient's status in terms of the AF Form 469 remains otherwise unchanged. If a mobility restriction expires prior to a duty restriction, the AF Form 469 will allow an extended release date for the duty restriction.

1.4. Special Considerations.

1.4.1. ARC unique issues. For ARC Airmen, refer to AFI 48-123 and AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*.

1.4.1.1. For purposes of this Instruction, the term Medical Treatment Facility (MTF) will be used to refer to all AD, Air Force Reserve Command (AFRC), and Air National Guard (ANG) medical units, unless otherwise specified as AD MTF for Active Duty, Reserve Medical Unit (RMU) for AFRC, or ANG/MDG for ANG units.

1.4.2. Refusal to obtain medical evaluation or treatment. After evaluation by medical consultants, Airmen who refuse to obtain further medical evaluations or treatment for potentially disqualifying defects, as required or recommended, will be referred by the DAWG to DPANM or ARC SGP as applicable for Initial RILO IAW AFI 41-210. DPANM or ARC SGP will consider the Airman's retainability in the service with the medical condition in its current state and the probability of progression of disease or worsening of the medical condition without the recommended medical treatment. Depending on the final disposition of the case, the Airman may not be eligible for military disability payment and may be subject to involuntary separation under AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officer*; AFI 36-3208, *Administrative Separation of Airmen*; or AFI 36-3209.

1.4.2.1. Second opinion. Any Airmen with a potentially disqualifying condition has the option of seeking a second opinion to explore treatment options (this does not apply to ARC Airmen whose conditions are not duty-related). The second opinion must be provided by a consultant arranged through MTF referral processes. When both medical opinions agree and the Airman refuses all treatment options provided, an Initial RILO must be accomplished. If the medical opinions differ, the Airman may choose one of the treatment options given. Further medical opinions will only be considered upon appeal to the MTF SGH who will determine whether the evaluation or treatment is a covered benefit which is deemed by the SGH to be medically necessary.

Chapter 2

RESPONSIBILITIES

2.1. Chief of Staff of the Air Force. Establishes AF personnel readiness goals and standards and is responsible for Force Readiness, including medical readiness to ensure the AF can meet national requirements.

2.2. Air Force Surgeon General. Establishes medical standards and procedures for recommending duty limitations.

2.3. AFMOA Aerospace Medicine.

2.3.1. Provides implementation guidance to Major Commands (MAJCOM) and Medical Treatment Facilities (MTF) on medical standards and procedures.

2.3.2. Acts as liaison between MAJCOMs and Air Force Medical Support Agency (AFMSA).

2.3.3. Coordinates with AFMOA/SGHC to ensure that, where appropriate/available, reachback Exercise Physiologist (EP) telehealth capabilities are made available for those bases where an EP billet is not authorized.

2.4. MAJCOM Chief of Aerospace Medicine (SGP).

2.4.1. Acts as liaison between MTF and Air Force Medical Operations Agency (AFMOA).

2.4.2. Provides MAJCOM trend analysis (using de-identified, aggregate data) on duty limitations and reports to MAJCOM/CC as requested.

2.4.3. Acts as liaison between MTFs and the Combatant Command (COCOM) SG for Duty Limiting Condition (DLC) issues that might impact the COCOM mission. See paragraphs 2.7.2. and 3.4.1.1. of this Instruction for additional guidance.

2.5. Installation Communications Squadron/Group. Assists the MTF to ensure communication requirements for the DLC program are met. This includes ensuring providers/clinical staff, Medical Standards Management Element (MSME), SGP, Chief of the Medical Staff (SGH), and EP/Fitness Program Manager (FPM) (or Medical Liaison Officer (MLO) for Air Reserve Component (ARC)) access to the Aeromedical Services Information Management System (ASIMS) Web and Armed Forces Health Longitudinal Technology Application (AHLTA), as applicable.

2.6. MTF Commander (MTF/CC). **Note:** MTF/CC for ARC medical units may delegate these responsibilities to SGP or SGH as deemed appropriate.

2.6.1. Ensures timely scheduling and appropriate completion of required examinations and consultations (does not apply to ARC Airmen with non-duty related conditions). For Airmen with mobility restricting conditions, examinations (including laboratory/radiology studies and specialty evaluations) shall be completed within 30 days after initiation of the AF Form 469 for that condition, unless the reasons are adequately explained and documented in the medical record. (For ARC Airmen with Line of Duty (LOD) conditions, the 30-day limit applies. For ARC Airmen with non-duty related conditions, examinations shall be completed within 90 days.)

2.6.2. Ensures timely submission of RILOs to HQ AFPC Medical Retention Standards Branch (DPANM) or ARC SGP as applicable.

2.6.3. Develops policies to ensure that a process for expeditious referrals (e.g. within 72 hours) is available for providers when such determination is necessary for an Airman to avoid delay or to prevent failure of a mobility mission, IAW AFI 44-176, *Access to the Care Continuum*.

2.6.4. Ensures ARC Airmen with a non-duty related medical issue Existing Prior to Service (EPTS), LOD Not Applicable (N/A), are referred to their civilian providers. The MTF/CC will also ensure timely receipt of civilian medical records from the Airman and report delays to the Airman's Commander IAW AFI 10-250, *Individual Medical Readiness*.

2.6.5. Where an EP (or ARC MLO) is assigned, appoints suitable alternates to act in the absence of the EP to produce exercise prescriptions.

2.7. MTF SGP.

2.7.1. Is appointed in writing IAW AFI 48-101, *Aerospace Medical Enterprise*.

2.7.2. Will advise MAJCOM/SGP for cases in which a unit commander and the next higher commander choose to non-concur with a mobility restriction recommendation resulting in an Airman being placed at risk for medical complications due to deployment. See paragraph 3.4.1.1. of this Instruction for additional guidance.

2.7.3. Serves as chairman of the Deployment Availability Working Group (DAWG). Alternatively, the SGH may serve as the DAWG chairman if the MTF/CC determines that the SGP is not available or capable of overseeing the DAWG. In these instances, the MTF/CC will advise the MAJCOM/SGP of the change in DAWG Chair.

2.7.4. Reports profile, DLC, and deployment availability statistics to MAJCOM/SGP as requested.

2.7.5. Is responsible for ensuring profiling and duty limitation standards are met.

2.7.6. Monitors the AF Form 422 & 469 processes and ensures timeline compliance.

2.7.7. Shares responsibility with the SGH and EP for training all providers and answering questions related to the appropriate completion of profiles and duty limitations; Fitness Restrictions (FR), Fitness Assessment Exemptions (FAE), and exercise prescriptions; and the Initial Review-In-Lieu-Of (RILO) and Medical Evaluation Board (MEB) process.

2.7.7.1. The SGP will ensure that all Primary Care Management (PCM) providers understand the purpose of the DAWG and the processes utilized by the DAWG to meet its mission.

2.7.8. Monitors quality of DLC determinations, FAE, and applied medical standards as documented on AF Form 422 or 469. This may be accomplished through the facility peer review program in conjunction with the SGH, or other means as deemed appropriate. See paragraph 4.1.4. of this Instruction for additional guidance.

2.7.9. ARC medical unit SGP: During Unit Training Assemblies (UTA), the SGP will ensure all open AF Forms 422 and 469 are completed by the close of business (COB) of the last day of the UTA unless specific circumstances prevent it.

2.8. MTF Senior Profiling Officer (SPO).

2.8.1. The SPO will be the MTF/SGP IAW AFI 48-101. In rare instances where no credentialed Flight Surgeon (FS) is assigned to the MTF, the senior credentialed physician may serve as the SPO.

2.8.2. Attends the DAWG.

2.8.3. Serves as the installation's final medical authority on duty and/or mobility restrictions and the application of medical standards as it applies to AF Forms 422 and 469.

2.8.4. Coordinates with MSME to report profile, DLC, and deployment availability statistics to the DAWG.

2.9. MTF SGH.

2.9.1. Shares responsibility with the SGP and EP for training all providers on the appropriate completion of profiles and duty limitations; FR, FAE, and exercise prescriptions; and the Initial RILO and MEB process.

2.9.2. Responsible for the clinical review and quality control of all documents and packages sent to DPANM or ARC SGP as applicable for RILO.

2.9.2.1. For ARC personnel, the Active Duty (AD) MTF is responsible for quality control and completion of Initial RILOs and MEBs only for duty-related conditions. ARC medical units are responsible for quality control and completion of non-duty related Fitness for Duty (FFD)/World Wide Duty (WWD) determinations.

2.9.3. Ensures clinical standards of care are met at each patient encounter IAW AFI 44-119, *Medical Quality Operations*.

2.9.4. Monitors quality of DLC determinations, FAE, and applied medical standards as documented on AF Form 422 or 469. This may be accomplished through the facility peer review program in conjunction with the SGP, or other means as deemed appropriate. See paragraph 4.1.4. of this Instruction for additional guidance.

2.9.5. Attends the DAWG.

2.10. Clinic Providers. Note: Reserve Physical Examination Sections will ensure these actions are accomplished in an appropriate manner for ARC members seen by civilian providers.

2.10.1. All providers (including specialty consultants) must determine if conditions identified during patient encounters affect the Airman's ability to: 1) meet deployment standards, 2) perform the duties of the assigned Air Force Specialty Code (AFSC), 3) meet retention medical standards, and/or 4) complete the Fitness Assessment (FA). The provider will utilize AF Form 469 to communicate duty and functional limitations and FAE to the unit Commander.

2.10.1.1. Providers will ensure patient encounters are appropriately documented in the medical record. This will include duty limitations, anticipated recovery time and further evaluation/ treatment plans. Providers will also ensure duty limitation data is entered into ASIMS (or equivalent program) and an AF Form 469 is initiated for transmission to the unit.

2.10.1.2. Providers will evaluate/re-evaluate the Airman's AF Form 469 at every face-to-face clinical encounter. Additionally, all special purpose medical examinations and Preventive Health Assessments (PHA) must include a review of existing limitations. For ongoing conditions, a simple annotation in the medical record encounter note (e.g. "no change to DLC" or "DLC remains appropriate") will suffice. At the discretion of the DAWG, this documentation may additionally be done using the "Notes" tab of the AF Form 469 within the ASIMS system.

2.10.1.2.1. Ensures Airmen under their care with mobility restrictions originally anticipated to expire within 30 days are converted to an Assignment Availability Code (AAC) 31 if the restrictions need to be extended beyond 30 days.

2.10.1.3. On initiation of a AF Form 469, providers must ensure Airmen understand the DLC process.

2.10.2. Providers will complete or coordinate clinical follow-ups/consultations needed to confirm diagnoses, determine and document the appropriate treatment plan, and estimate the expected timeline and level of recovery. Every effort will be made to expedite evaluation/treatment to ensure maximum functional recovery.

2.10.2.1. Documentation from consultant evaluations, laboratory evaluations and other studies will be made available as needed to the DAWG for tracking and oversight. Providers will actively coordinate referrals for consultant evaluations and studies recommended by the DAWG.

2.10.2.2. ARC medical units will coordinate with AD MTFs or TRICARE to obtain follow-up and/or consultations for service connected issues and any LOD determination in progress IAW AFI 36-2910, *Line of Duty (Misconduct) Determination*. ARC Airmen with non-duty connected issues will be referred to their civilian provider for additional evaluation with explicit instructions to provide clinical information to the medical unit.

2.10.3. Providers will refer a case to the DAWG for Initial RILO consideration when it is determined that an Airman may not meet retention standards IAW AFI 48-123 or is mobility restricted for a period that will, or is reasonably anticipated to, exceed 365 days. (See Chapter 4 of this Instruction for further guidance on the Initial RILO).

2.10.3.1. For conditions that may not meet retention standards or may result in mobility restrictions, referral for Initial RILO consideration is required if the continuous or cumulative time for the restriction or recovery from the condition exceeds 365 days, or is reasonably anticipated to exceed 365 days. Providers, in consultation with the SGP and/or SGH as appropriate, are encouraged to refer cases to the DAWG for Initial RILO consideration at the earliest time possible once it can be reasonably anticipated that the Airman will not be recovered to mobility status within 365 days.

2.10.3.2. Once an Airman has been identified by the DAWG as requiring an Initial RILO (or FFD/WWD evaluation for ARC Airmen with non-duty related conditions), the provider will work with the Physical Evaluation Board Liaison Officer (PEBLO) (or ARC equivalent) to ensure all Initial RILO (or FFD/WWD) requirements are met IAW AFI 41-210.

2.10.4. Fitness restrictions. The provider will assess the impact of medical conditions or functional limitations on an Airman's ability to participate in unit physical fitness training as well as the impact on the FA. FR and/or FAE will be described by the provider on the AF Form 469 and will be processed IAW this Instruction and AFI 36-2905, *Fitness Program*. See Chapter 3 of this Instruction for additional guidance.

2.10.4.1. Providers will partner with the EP as indicated to optimize management of clinical conditions that impact exercise participation, using referrals, consults, or other collaborative avenues.

2.10.5. Assignment, Retraining or Deployment Recommendations.

2.10.5.1. Providers will complete medical examinations required for assignment, retraining, or deployment. Additionally, providers will assist MSME by making recommendations (with or without an examination) for patients with medical conditions that may affect assignment, retraining, or deployment. They will consider the requirements of the assignment, new AFSC, or deployment as well as the medical care available at the proposed location(s). MSME, POs and, if necessary, the Airman's commander may be consulted if there are concerns about medical risk related to the Airman's condition and/or the assignment, training, or deployment.

2.10.5.2. In cases where the medical condition of an Airman appears to resolve or develop in close association with a new assignment, training opportunity, or deployment tasking, commanders will contact the SGP or SGH if there are concerns about the fidelity of past and/or present duty or mobility restrictions. In such cases, the SGP and/or SGH will coordinate with the PCM and MSME, in consultation with the commander, to ensure that the Airman's restrictions are accurately reflected. In all cases, MTF personnel shall consider unit commanders and first sergeants to be teammates in the accomplishment of appropriate restrictions.

2.10.6. Providers, to include mental health providers, will not notify an Airmen's commander when an Airman self-refers or is medically referred for mental health care or substance misuse/abuse education services unless disclosure is authorized, as described in DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*. If Command notification is not warranted, an AF Form 469 will not be created for the specific encounter or clinical concern. However, providers must carefully weigh the rigors of potential assignments or deployments carefully to avoid exacerbations of conditions brought on by the rigors of contingency operations. See DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, Enclosure 3, paragraph h, for a description of mental health situations that are disqualifying for deployment.

2.10.6.1. For a situation that might require a deployment waiver IAW AFI 44-172, *Mental Health*, paragraph 5.9.6.4., pursuant to DoDI 6490.07, Enclosure 2, Section 3, an AF Form 469 must be initiated in order to inform the Airman's commander to initiate the waiver.

2.11. Competent Medical Authority (CMA).

2.11.1. Airmen not currently managed under the Personnel Reliability Program (PRP) who have been identified for an assignment with PRP duties will undergo an administrative

qualification process IAW DoD 5210.42-R_AFMAN 10-3902, *Nuclear Weapons Personnel Reliability Program (PRP)*. After Airmen are screened for PRP assignability via the administrative qualification process, they will be continuously monitored IAW DoD 5210.42-R_AFMAN 10-3902.

2.11.1.1. Continuous monitoring is the process for ensuring the individual remains PRP assignment-eligible while in training and enroute for assignment. After administrative qualification the losing CMA will pass to the losing Commander, gaining certifying official and the gaining CMA any medical condition requiring the generation of an AF Form 469.

2.11.2. Once the gaining CMA (at installations with active PRP Airmen assigned) is notified the incoming Airman has received an AF Form 469 on the Airman, the gaining CMA shares responsibility to monitor AHLTA for medical conditions which may preclude the Airman from assignment to the gaining base and PRP.

2.12. Clinical Consultants.

2.12.1. Consulting providers will provide timely, complete, and concise summaries (narrative summary or clinical encounter documentation) regarding an Airman's clinical status including specific functional limitations. Reports from clinical consultants in MTFs will be completed and returned to the requesting MTF within 30 days of the Airman's encounter with the consultant. This may be delayed if significant studies are pending, but will not exceed 30 days following definitive diagnosis. **Note:** Consults on Air National Guard (ANG) Airmen must be completed within 30 days if the Airman is receiving care for a line of duty condition; otherwise they must be done within 90 days.

2.12.2. If a clinical consultant in an MTF determines an Airman requires a duty limitation, the consultant will initiate an AF Form 469 (or equivalent form specific for the service of the consultant), and will communicate this duty limitation to the Airman's PCM. If the assigned PCM is not a provider in an AF MTF, the consultant's recommendation will be forwarded to the MSME office (or ARC equivalent) in the AF MTF nearest the Airman's duty location. Clinical consultants may initiate rehabilitation for a specific illness or injury, but the EP (or ARC equivalent) will develop overall exercise prescriptions which account for the functional limitation and consultant-recommended rehabilitation program. Airmen in geographically separated units will receive exercise prescriptions by reach-back EP telehealth or the nearest AF installation.

2.12.3. If the case involves questions about the Airman's qualification for continued military service or deployability, the MTF clinical consultant shall include specific recommendations in the medical record or narrative summary regarding these issues and will communicate these recommendations to MSME within one duty day of the clinical encounter so that appropriate action may be taken as needed.

2.12.4. AF providers will only consider recommendations from civilian (non-MTF) clinical consultants that are related to, or describe, functional limitations. AF providers retain the final authority on deployment, medical retainability, and physical limitation recommendations (see paragraph 3.7 of this Instruction). **Note:** ARC Airmen who are seen by their civilian providers may take up to 90 days to receive a narrative summary.

2.13. Profiling Officer (PO).

2.13.1. Appointed in writing by the MTF/CC.

2.13.2. The PO(s) will be a FS(s) credentialed in Aerospace Medicine (unless no FS is assigned), and familiar with this Instruction; AFI 48-123; AFI 48-149, *Flight and Operational Medicine Program*; AFI 44-170, *Preventive Health Assessment*; and AFI 36-2905. Formal training on the duties of the PO and the referenced instructions may be obtained from the Aerospace Medicine Primary (AMP) course.

2.13.3. Ensures unit interests (mission) and the patient's interests (sustainment or restoration of health) are considered to maximize the benefit to both.

2.13.4. Performs final review and co-signs all AF Forms 469 which include mobility restrictions of more than 30 days duration within one duty day of notification.

2.13.5. Performs final review and co-signs all AF Forms 469 completed by the healthcare provider when the FAE duration is > 180 days. The PO should accomplish this review within one duty day of notification, but will complete the review within two duty days at most.

2.13.6. May supersede a provider's recommendations and will communicate the reason(s) to the provider, the SGH, and the SPO. In cases where there is disagreement on profiling, duty limitations or FAE, the SPO will make the final determination after review of the records and, when appropriate, consultation with the unit Commander.

2.13.7. Signs as the final medical authority on all AF Forms 422 generated for any reason other than Exercise Prescriptions. **Note:** PCM signatures are no longer required on AF Forms 422 except in specific circumstances designated in this Instruction.

2.14. MSME. Note: MSME functions are performed by a 4N0X1 in the physical examination section for Air Force Reserve Command (AFRC) and the full time health technician for the ANG, or otherwise as directed.

2.14.1. Performs administrative quality reviews of DLCs, FAE with durations >180 days, physical examinations for qualification purposes, profiles, and appropriate clearances before these documents are forwarded/leave the facility (Exceptions: routine PHAs, RILO packages, and WWDs).

2.14.2. Manages the profiling/duty limitation system IAW this Instruction and AFI 48-149. Serves as the communications link amongst unit Commanders, health care providers, PO, and Airmen.

2.14.2.1. Provides oversight regarding AF Forms 422 & 469 processing status on each Airman, and acts to ensure process effectiveness and compliance with established timelines.

2.14.2.2. Tracks and reports compliance with AF Forms 422 & 469 processing timelines to the DAWG. Notifies SGP/SPO regarding timeline compliance issues as soon as possible after issues are identified.

2.14.2.3. Actively engages POs when SGP/SPO is unavailable or timelines are not being met.

2.14.2.4. Upon request, provides updates regarding AF Forms 422 & 469 processing status to Airmen, Commanders, Unit Fitness Program Manager (UFPMP), EP, PCM, or

PO. **Note:** UFPMs must be appointed in writing as a commander's designee IAW AFI 41-210 in order to receive PHI, to include information contained on AF Forms 422 & 469.

2.14.2.5. Ensures Airmen with mobility restrictions originally anticipated to expire within 30 days will be converted to an AAC 31 if the restrictions need to be extended beyond 30 days.

2.14.3. Attends the DAWG and produces metrics and required reports IAW this Instruction and per SGP direction. ARC DAWG members and Force Health Management (FHM) are highly encouraged to attend co-located AD DAWG meetings.

2.14.3.1. Ensures that DAWG decisions related to individual cases (e.g. Initial RILO reviews, long-standing FR/FAE reviews, etc.) are appropriately documented in the affected Airman's medical record as well as in the AF Form 469 "Notes" section in ASIMS, where appropriate. (Example of a medical record entry following review for Initial RILO consideration by the DAWG: "This Airman's condition was reviewed by the DAWG and found to be unfit for continued military service. Case was referred to DPANM (ARC SGP as applicable) for Initial RILO.")

2.14.4. Performs the required reviews as indicated in Chapter 4 of this Instruction in preparation for the DAWG.

2.14.5. Pregnancy duty limitations. Refers any new AF Forms 469 for pregnancy to FHM for processing IAW paragraph 3.5 of this Instruction.

2.14.6. Provides support to the PEBLO as needed for initial DAWG review for any case in which a provider believes that an Airman's condition may not meet retention standards IAW AFI 48-123 or, in the opinion of the provider, the Airman will not be expected to return to full, unrestricted duty within 365 days of the initiation of a condition not compatible with mobility.

2.14.6.1. Assists the PCM and PEBLO, via the DAWG, in identifying other Airmen who require RILO.

2.14.7. Performs administrative quality control review on AF Forms 422 & 469 after Initial RILO, MEB or Physical Evaluation Board (PEB) processing as applicable. Particular attention will be paid to Airmen who have been given an Assignment Limitation Code C (ALC-C) by DPANM or ARC SGP.

2.14.7.1. Ensures ALC-C restrictions are correctly applied on the AF Form 469 as directed by DPANM or ARC SGP and IAW AFI 41-210.

2.14.8. Ensures AF Form 469 is appropriately accomplished by a medical provider (exception: AF Form 469s that include only FR and FAE ≤ 180 days in duration), and accomplishes a quality review utilizing MTF acceptable and approved practices. MSME is responsible for timely execution and follow-up once the provider has initiated the AF Form 469. Questions on applicability of standards versus restrictions, as well as provider non-compliance, may be addressed with either the provider, the PO or the SGP/SPO.

2.14.9. Will review and sign all AF Forms 469 except those initiated for FR or FAE of ≤ 180 days duration. MSME will review and sign all AF Forms 422 except those issued by the EP (or alternate) for exercise prescriptions.

2.14.10. Through ASIMS, MSME will ensure distribution of AF Forms 422 and 469 as directed in this Instruction to the Airman's Commander (and/or the commander's designees IAW AFI 41-210). Care will be taken to ensure that distribution of a patient's protected health information (PHI) is limited to the minimum necessary and that these disclosures are properly accounted for IAW AFI 41-210.

2.14.11. Incoming Base Personnel: MSME will accomplish a DLC review (and medical record review if indicated) for AF personnel arriving on the installation on Permanent Change of Station (PCS) orders upon referral from FHM. MSME will refer duty limitations suspected to be inappropriate, no longer necessary, or otherwise in need of correction or amendment to the PCM to ensure mission effectiveness and patient safety are maintained. Questionable limitations may also be made available to the PO to determine acceptable duty restrictions, in consultation with the individual's Commander and SPO as needed.

2.14.11.1. During this record review process, MSME will notify the PEBLO of any newly arrived Airmen who have ALC-Cs in order to facilitate tracking of Annual RILO requirements.

2.14.12. Retraining Personnel: MSME will review retraining applications to ensure Airmen are qualified for entry into AFSC(s) specified for potential retraining. Review of each AFSC's physical requirements is found in the Air Force Enlisted Classification Directory (AFECD) and the Air Force Officer Classification Directory (AFOCD) located on the Air Force Personnel Center (AFPC) website. The AF Form 422 will indicate each of the selected AFSCs the Airman is and is not qualified to enter. When flying or special operational duty AFSCs are selected that require specific qualification examinations, AFI 48-123 will be reviewed for disqualification criteria and the certification examination process will be initiated IAW AFI 48-123.

2.14.13. Will review assignment actions to ensure Airmen are qualified for PCS to gaining base IAW applicable Personnel Processing Codes (PPC). The PPC provides processing instructions for the Airman and Military Personnel System to ensure the Airman is qualified and prepared to proceed on assignment. PPCs are generally included in the Airman's notification of PCS, but are also located on the AFPC website. The AF Form 422 will contain a statement as indicated by PPC listing.

2.14.14. If not assigned as MTF ASIMS administrator, will coordinate with the ASIMS administrator on actions to include interfacing with units for transmission of information via ASIMS.

2.14.14.1. Will regularly update/validate unit contact information to ensure currency/accuracy for ASIMS notifications.

2.14.14.2. Will coordinate with the MTF HIPAA Privacy officer to ensure that the unit Commander designates in writing those members of the unit approved to receive HIPAA-protected information, as well as those members allowed role-based access to ASIMS. This information must be updated on a regular basis.

2.14.15. ARC medical unit MSME (or equivalent). During UTA, MSME (or equivalent) will prepare all open AF Forms 422 and 469 for signature and closure by the SGP by COB of the last day of the UTA unless specific circumstances prevent it. The MSME member must discuss with the SGP those circumstances that prevent closure of the forms.

2.15. FHM (or ARC equivalent).

2.15.1. Will review ASIMS for all AF personnel arriving on the installation on PCS orders.

2.15.1.1. Personnel with current DLCs or ALCs will be referred to MSME for further review IAW paragraph 2.14.11. of this Instruction.

2.15.1.2. Personnel with medical readiness issues (immunizations, dental, PHA, etc.) will be referred to the appropriate section of the MTF to accomplish required actions.

2.15.2. Will manage pregnancy DLCs IAW paragraph 3.5. of this Instruction.

2.15.3. Receives referrals from MPF for: Airmen recommended for retraining; applicants for special duty assignments; PME or other formal school clearances; Airmen identified for overseas PCS clearances; Airmen requiring security clearance; or other physical qualification actions. The MPF will include available AFSCs and job descriptions for Airmen referred for retraining.

2.15.3.1. FHM will perform an ASIMS review on referred personnel. If ASIMS reveals any potential medical disqualification issues (current DLCs, ALCs, etc), the Airmen's information will be referred to MSME for further review and clearance actions.

2.16. Women's Health Clinic.

2.16.1. On a monthly basis, the Women's Health Clinic (or equivalent section that manages pregnant Airmen) will provide MSME with an updated list of all pregnant Airmen on the installation. The clinic representative will coordinate with MSME to ensure that this list is consistent with the ASIMS query for active AAC 81 (pregnancy) cases IAW paragraph 4.1.3.6. of this Instruction.

2.17. Unit Commander.

2.17.1. Ensures the unit and individual medical readiness IAW AFI 10-250.

2.17.2. Ensures unit Airmen are available for and complete examinations including required follow-up studies and final disposition.

2.17.3. Works with MSME and/or the MTF HIPAA Privacy Officer to ensure appropriate unit staff are designated to receive notification via ASIMS of information on individual Airmen IAW AFI 41-210. Ensures adequate task cross-coverage and redundancy to allow the notification process to function despite individual absences (leaves, Temporary Duty assignments (TDY), deployments etc).

2.17.3.1. Ensures contact information is current and accurate and provides that information to MSME.

2.17.4. Reviews and concurs/non-concurs with mobility recommendations. The Commander will coordinate all non-concur determinations with the SGP/SPO (see paragraph 3.4.1.1. of this Instruction for further guidance).

2.17.5. Ensures that AF Forms 422 and 469 are issued to unit Airmen. Ensures that Airmen receiving an AF Form 422 or 469 are counseled and/or provided written instructions on duties and responsibilities when appropriate.

2.17.5.1. For AF Form 469 actions which do not limit mobility, the Commander is not required to sign the form and may delegate these requirements to the Unit First Sergeant and the Airman's supervisor.

2.17.5.2. For AF Form 469 actions limiting mobility, the Commander must sign the AF Form 469 prior to issuing it to the Airman.

2.17.5.3. For AF Forms 422 containing a new exercise prescription, ensures the UFPM is aware of the prescription.

2.17.6. Commanders must know the Fitness for Duty (FFD) status of the people in their charge. A DoD exemption to the HIPAA Privacy Rule allows for disclosures of PHI to Commanders and their designees without the patient's authorization, but these disclosures must be tracked. Refer to AFI 41-210 for more information on Commander access to medical information.

2.17.6.1. Due to concerns over the stigma related to seeking mental health care, Commanders should not be informed of every instance in which an Airman seeks care for mental health issues. See paragraph 2.10.6. of this Instruction for further information.

2.17.7. Commanders must determine how to utilize an Airman based on the functional limitations and their knowledge of the job. The Commander and supervisor know best how to utilize their people.

2.18. Airman.

2.18.1. The Airman must report any new medical condition, medical conditions that potentially affect deployability, or any change in medical status, to the appropriate medical provider at the time of onset. The Airman must also report all medical/dental treatment obtained through civilian sources to the appropriate military medical authority IAW AFI 41-210. See AFI 48-123 for additional guidance regarding ARC Airmen.

2.18.2. The Airman must meet scheduled medical appointments as directed and inform unit supervisor of required follow-up evaluations and appointments.

2.18.3. The Airman must make all attempts to resolve medical conditions in a timely manner. This includes, but is not limited to, attendance at all appointments, active participation in rehabilitation, and using medications as prescribed by their health care provider. Failure to meet this requirement as determined by an appropriate medical authority and the Airman's Commander may result in MEB and resultant administrative separation from the AF, without medical disability compensation. See AFI 48-123 for additional guidance regarding ARC Airmen.

2.18.4. Upon receiving an AF Form 469 from a healthcare provider with FR or FAE, the Airman will immediately notify his/her UFPM who will in turn notify the installation EP (or ARC MLO) of the Airman's restrictions and possible need for an exercise prescription (see paragraph 3.2.1.3. of this Instruction for guidance on exercise prescriptions). UFPM notification to the installation EP (or ARC MLO) follows locally developed processes.

2.18.5. When an Airman's failure to comply with medical assessment requirements renders the Air Force Medical Service (AFMS) unable to determine the Airman's current medical status, the following actions are deferred: clearance actions for deployment, PCS, retraining or attendance at service academies or PME, Military Personnel Appropriation (MPA) or

Reserve Personnel Appropriation (RPA) orders, or any other orders status to include medical continuation (MEDCON) orders (ARC). **NOTE:** See AFI 36-2910 for guidance relating to MEDCON orders.

2.19. Military Personnel Flight or Section (MPF or MPS).

2.19.1. Upon request, provides a listing of personnel with AACs of 31, 37, and 81 (pregnancy) from Military Personnel Data System (MilPDS) to MSME. See section 4.1.3.7. of this AFI for details on management of this list.

2.19.2. Refers to FHM any Airman requiring special medical clearance actions as described in paragraph 2.15.3. of this Instruction.

2.20. EP or ARC Fitness Program MLO.

2.20.1. The installation EP and/or ARC MLO will be a regular participant in the DAWG. The EP and ARC MLO will provide consultation on DLCs affecting physical fitness to the Installation Commander or equivalent, Group Commanders, Squadron Commanders, SGP/SPO, PO, and providers, as needed/requested.

2.20.2. Provides exercise prescriptions to Airmen assigned to their installation upon appropriate referral IAW paragraph 3.2.1.3. of this Instruction.

2.20.2.1. Documents exercise prescriptions on AF Form 422 within 10 duty days of referral from the UFPD. If the case complexity warrants greater intervention or consultation with the medical provider, an encounter note will be documented in AHLTA (or on a Standard Form 600 if AHLTA is not available). The note will explain the exercise prescription, given the patient complaints, DLC limitations, and provider diagnoses. The purpose of encounter note documentation is to provide EP tracking of recommendations in complex cases and for provider visibility.

2.20.2.2. Maintains access to AHLTA (if available) and ASIMS.

2.20.2.3. Is not required to see referred Airmen face-to-face, but will at minimum review the AF Form 469 and when necessary the clinical encounter note associated with the referral to generate an appropriate exercise prescription.

2.20.2.4. Signs the AF Form 422 detailing the exercise prescription in the Provider, FHM, and PO blocks and issues a printed copy to the Airman. If the Airman is not seen face-to-face, AF Form 422 will be made available electronically via ASIMS email notification to the Airman's unit for issuing.

2.20.2.4.1. The AF Form 422 exercise prescription will be signed and submitted in ASIMS within 10 duty days of receipt of the referral.

2.20.2.4.2. The EP (or ARC MLO) may only sign AF Forms 422 for exercise prescriptions. AF Forms 422 issued for any other reason may not be signed by the EP.

2.20.3. Provides feedback to the DAWG on the DLC, FR, FAE, and the exercise prescription process. Discusses questions/concerns regarding these programs at the DAWG.

2.20.4. Shares responsibility with the SGH and SGP in educating providers on appropriate completion of FR, FAE, exercise prescriptions, and unit fitness exemptions.

2.20.5. Brings cases for review at the DAWG upon request of a Unit Commander IAW AFI 36-2905.

2.21. AFPC/DPANM.

2.21.1. DPANM reviews all AD RILO cases and all ARC duty-related RILO cases referred from the DAWG to determine whether the Airman can be returned to duty or whether the case will require MEB, IAW AFI 41-210.

2.21.2. If an Airman is qualified for continued active duty following a MEB or PEB, AFPC/DPANM provides a report (AFPC FL 4) to the MTF PEBLO with instructions for disposition of the Airman. ARC SGP performs this function for their respective component Airmen.

Chapter 3

ESTABLISHING AND DISSEMINATING DUTY LIMITATIONS

3.1. General Requirements.

3.1.1. Airmen will be evaluated for potential duty limitations at every medical encounter with a provider. If an Airman is determined to require restrictions of any kind, the AF Form 469 will be used.

3.1.2. The healthcare provider (or designee) will enter demographic data, physical limitations and/or restrictions, and specify duty, mobility, and/or fitness restrictions, and a release date into Aeromedical Services Information Management System (ASIMS) Web. Only specific limitations will be entered. Diagnoses will be recorded in the appropriate section of the AF Form 469 electronic interface, but will not be printed on the form. The provider will then electronically sign the form.

3.1.2.1. Functional limitations noted on the AF Form 469 will convey necessary detail to allow the Commander to make informed decisions concerning the management of his/her personnel. Limitations will be timely, accurate and unambiguous and be written in simple terms understandable by non-medical leadership and supervisors.

3.1.2.2. The AF Form 469 is used solely to describe physical limitations, functional impairments, or specific restrictions. The AF Form 469 will contain no positive affirmations regarding the Airman's workplace or what the Airman can do in the workplace. It is the responsibility of the Commander/supervisor to determine where an Airman can work and the type of work that can be performed based on the limitations listed.

3.1.2.2.1. Any ARC Airman with a condition that is disqualifying from his/her specific duties is not allowed to participate in any pay or point gaining activity until the condition has resolved or waiver is received IAW AFI 36-2254V1, *Reserve Personnel Participation*.

3.1.2.3. The AF Form 469 may contain positive ("should," "can," "will," etc) instructions regarding an Airman's medical management. (Example: for an Airman who has undergone foot surgery, the AF Form 469 may state: "Airman should use hard orthopedic shoe in place of uniform footwear and should use crutches.")

3.1.2.4. In order to properly complete the AF Form 469, the provider must check a box for Mobility Restriction, Duty Restriction, or Fitness Restriction, or some combination thereof. This step communicates recommended actions to the Airman's Commander. The provider or clinic staff must cross-check the Airman's organization and duty phone with the Airman prior to final validation and submission of the AF Form 469.

3.1.3. When AF Forms 422 and/or 469 are completed and Medical Treatment Facility (MTF) staff confirm that unit notification is indicated, the ASIMS program will automatically email the appropriate information to the Airman's commander or commander's designee(s).

3.1.3.1. Notifications made using the automated features of ASIMS are sent via un-encrypted email. The email contains a link to the ASIMS program that restricts access to those approved to receive protected health information (PHI) by the MTF HIPAA Officer using Common Access Card (CAC) certificates. Notifications made outside of the ASIMS program must follow guidance in AFI 41-210 in order to protect PHI.

3.1.4. The AF Form 422 is used to convey descriptions of physical capabilities which are used for establishing suitability for continued military duty. A current physical profile should provide a quick reference for assessing an Airman's long-term physical capabilities. The AF Form 422 and physical profile are validated (and updated if necessary) during each Preventive Health Assessment (PHA). The AF Form 422 is considered current unless the Airman has undergone a Review-In-Lieu-Of (RILO) (with or without initiation of an Assignment Limitation Code C (ALC-C)), Medical Evaluation Board (MEB), or a World Wide Duty (WWD) evaluation. In these cases, re-accomplish a profile on an AF Form 422 to reflect updates from the RILO, MEB, or WWD determination. Additionally, a profile must also be re-validated or updated on an AF Form 422 if a duty or mobility restriction exists for at least 6 months duration and is not expected to expire in the near future. The AF Form 422 is used to complete other medically related personnel functions, which include initial qualification, qualification for retirement or separation, military retraining, Permanent Change of Station (PCS) (if appropriate), PME, and similar functions as directed in this or other guidance. Additionally, the AF Form 422 is used to describe exercise prescriptions by the Exercise Physiologist (EP) (or alternate).

3.1.4.1. Information noted on the AF Form 422 will convey necessary detail to allow the Commander and personnel system specialists to make informed decisions concerning the management of personnel. Information will be timely, accurate and unambiguous and be written in simple terms understandable by non-medical leadership and personnel system specialists. The diagnosis or other medical justification for the statements will not be placed on the AF Form 422.

3.2. Fitness Restrictions and Exemptions.

3.2.1. If an Airman has a medical condition impacting fitness, but not impacting mobility, retention, or Air Force Specialty Code (AFSC) duties, an AF Form 469 will be generated by the provider who initially assesses the condition. The AF Form 469 will detail functional limitations, specific fitness restrictions (to include restrictions from unit fitness activities if appropriate), and Fitness Assessment Exemptions (FAE). **NOTE:** These actions will be accomplished by the ARC MLO (or other appropriate designee) for ARC Airmen IAW AFI 36-2905.

3.2.1.1. If the Fitness Restrictions (FR) and/or FAE is ≤ 180 days duration, the 469 will be signed and closed by the provider (or ARC MLO), a copy will be provided to the Airman at the time of the clinical encounter, and an electronic copy will be transmitted to the unit.

3.2.1.2. If the FR or FAE is for a duration of > 180 days, or if it is a component exemption specifically for abdominal circumference (AC), the 469 must be signed (but not closed) by the provider (or ARC MLO), then reviewed by Medical Standards Management Element (MSME) as well as a Profiling Officer (PO), prior to closing the 469 and transmitting to the unit. AC exemptions must be reviewed by the Deployment

Availability Working Group (DAWG) before final closure by any MTF PO and transmission to the unit. (Exception: AC exemptions for pregnancy do not require DAWG review.) The Airman may be provided a draft printout of the restriction, however the provider will ensure that the Airman understands that this is only a draft that may be changed after review. The unit will not receive the FR or FAE from the MTF until after the AF Form 469 is reviewed by a PO. The unit commander may choose to apply the draft FAE if the final AF Form 469 has not been received at the time of the Fitness Assessment (FA), however the final AF Form 469 will supersede the draft recommendations for all future FAs.

3.2.1.2.1. If an Airman has a chronic medical condition impacting fitness, the AF Form 469 may include FR and FAE with a term of validity of up to 365 days. These long-standing AF Forms 469 will be reviewed by the Primary Care Manager (PCM) at the PHA. The review will determine the need for restriction continuance, or any changes in the condition that may necessitate an Initial or other RILO. Medical conditions impacting the fitness assessment only and not impacting mobility, retention, or AFSC duties do not automatically require Initial RILO. All FAE written for 365 days will be referred by the provider and/or MSME to the DAWG for review.

3.2.1.2.2. The EP (or MLO/FPM for Air Reserve Component (ARC)) will also receive a copy of any AF Form 469 with FAE > 180 days in duration. The EP will review the restrictions and associated clinical information, discuss with the issuing provider and/or Senior Profiling Officer (SPO) if necessary, and refer the case to the DAWG if there are issues noted that require further review or discussion.

3.2.1.3. Exercise Prescriptions: Airmen will receive exercise prescriptions from the EP (or equivalent) under any one of the following conditions: 1) referral from their healthcare provider (any provider, not just the PCM to which the member is empanelled); 2) an exemption from any FA component issued or in existence for a continuous 12-month period (referral by a provider, the DAWG, or the UFPM); 3) four FA component exemptions in a 24-month period (referral by UFPM); 4) referral from the Airmen's commander or UFPM as deemed appropriate but not meeting one of the conditions listed above; 5) self-referral by the Airman. The EP (or equivalent) will create an exercise prescription for the Airman on an AF Form 422 within 10 duty days of referral. The EP (or equivalent) will sign in all three signature spaces (Provider, MSME, and PO) and transmit the AF Form 422 containing the exercise prescription to the unit. A printed hard copy will also be provided to the Airman. **ARC only:** For ARC units without an EP/FPM, Airmen requiring exercise prescriptions will be referred to the ARC Fitness Program MLO.

3.2.1.3.1. It is not required for the EP to meet with the Airman in person. The EP may review the current AF Form 469 as well as appropriate clinical information to determine the most appropriate exercise prescription and also whether to meet with the Airman in person.

3.2.1.3.2. The EP may also initiate a referral to the Health Educator and/or Dietitian for any Airman that the EP determines would benefit from these services. These referrals will be documented in an appropriate manner. It is not required to report

these referrals to the Airman's unit, although the documentation of the referral may be made available upon request.

3.2.2. If an Airman has a valid AF Form 469 and a valid corresponding AF Form 422 (containing an exercise prescription) and changes duty location (PCS etc.), the AF Form 469 and corresponding AF Form 422 are valid at the gaining installation for fitness restrictions and assessments. The AF Form 422 will be reviewed by the EP (or equivalent) at the gaining installation to ensure that it is appropriate for the facilities and environmental factors at that installation.

3.3. Duty Restrictions Only.

3.3.1. For duty restrictions with no mobility, retention, retraining, or fitness implications, the AF Form 469 signed by the health care provider will be made available electronically via ASIMS to MSME for review and signature. Following MSME signature, the information will be made available via ASIMS email notification to the Airman's unit. PO review/signature is not required. See paragraph 3.1.3.1. of this Instruction for guidance on protecting PHI.

3.3.1.1. MSME may request a PO review for any duty restriction DLC if deemed appropriate. The review may be documented in the "Notes" section of the AF Form 469 in the ASIMS application. The "Notes" section will not print on the final AF Form 469.

3.3.2. Duty restrictions that could permanently affect an Airman's ability to perform their AFSC-specific duties, but do not affect continued military service, will be handled administratively beginning with AFSC disqualification IAW AFI 36-2101 (Chapter 4) and AFI 48-123.

3.3.2.1. The provider will initiate a new AF Form 422 stating "Member meets AF retention standards for continued service but does not meet AFSC-specific physical standards and is therefore disqualified for AFSC XXXX". The diagnosis or other medical justification for the statement will not be placed on the AF Form 422.

3.3.2.2. MSME will review the AF Form 422 with the Airman. MSME will edit the AF Form 422 to annotate medical qualification statements for any prior AFSCs that have been held by the Airman. During the AFSC disqualification process, Airmen are considered for return to a prior AFSC for which they may remain qualified prior to considering possible AFSCs for retraining. MSME will then forward the edited AF Form 422 for appropriate signature by the provider, MSME technician, and PO. The signed/completed AF Form 422 will be transmitted to the unit Commander who will initiate AFSC disqualification. **Note:** If MSME assesses that the Airman may not be eligible for retraining, the case will be referred to the DAWG for Initial RILO consideration.

3.4. Mobility Restrictions (MR).

3.4.1. When a medical condition will prevent an Airman from deploying, with or without duty or fitness limitations, the provider will check the Mobility Restriction box on the AF Form 469 and enter the release date of the restriction. After electronic signature by the provider, the form will be automatically forwarded to MSME which will assess the form and determine if the condition will require an Assignment Availability Code (AAC) 31 (release

date of 31 to 365 days) or 81 (pregnancy). If an AAC 31 or 81 is needed, MSME will check the appropriate AAC box and sign the form which will then automatically forward to the PO. (**Note:** MRs <31 days duration do not require AAC 31 or PO review/signature.) The PO will review the restrictions and the coding and validate by electronic signature, and then forward the form electronically to the Airman's unit Commander via ASIMS email notification for concurrence/non-concurrence. The Commander or designated representative will issue the form to the Airman following signature by the Commander. The AF Form 469 should be forwarded to the squadron Commander within one duty day of initiation by the provider, but no later than two duty days. For ARC Airmen, the AF Form 469 will be forwarded to the Commander prior to the Airman's next duty day.

3.4.1.1. If a Commander chooses to non-concur on the mobility restriction, the Commander must contact the SPO within 7 duty days (COB on last day of UTA for ARC) of receipt of the mobility restricting AF Form 469 (no contact from the Commander will be considered concurrence). The SPO, with assistance from MSME, will collect and review pertinent medical data, consulting as needed with the provider who initiated the mobility restriction. The SPO may override the provider's recommendation and revise or remove the mobility restriction in order to resubmit to the Airman's Commander. If the SPO agrees with the provider, the SPO will discuss the case with the Airman's Commander. If the SPO and Unit Commander disagree, the Airman can be placed on mobility status with the concurrence of the Commander's next reporting official (normally the Airman's Group Commander). If the second level Commander non-concurs as well, the final Commander acting on the AF Form 469 issues a completed copy to the Airman after the SPO notifies MSME of the action and MSME generates a new AF Form 469. The new AF Form 469 will still reflect the MR and initial AAC but will include a statement indicating that the Airman's Squadron/ Group Commander non-concurred and the Airman will be considered available for mobility/deployment. Rationale for the decision will be documented by the SPO in the Airman's medical record.

3.4.1.2. A specified deployment may have medical requirements determined by the COCOM. Thus, while a Commander may place an individual on mobility regardless of medical recommendations IAW paragraph 3.4.1.1. of this Instruction, the gaining COCOM may not accept the Airman for deployment. For a defined deployment, the MTF will coordinate through its MAJCOM to the gaining COCOM regarding waiver of defined medical requirements.

3.4.1.3. In the event of a Commander's non-concurrence on an AF Form 469 for an Airman with a condition which is unfitting for continued military service, an Initial RILO will still be prepared and forwarded to HQ AFPC Medical Retention Standards Branch (DPANM) IAW AFI 41-210 (or to appropriate ARC Chief of Aerospace Medicine (SGP) for non-duty related condition).

3.4.2. Permanent mobility restrictions (e.g. ALC-C) may only be determined by DPANM or ARC SGP. These limitations will be displayed on the AF Form 469 permanently at the bottom of the physical limitations/restrictions portion and once assigned, will not be changed, removed, or overridden by any local Duty Limiting Condition (DLC) or profile action (additional restrictions may be added as appropriate). Only waiver authorities as described in AFI 41-210 may authorize deployment for individuals placed on ALC restrictions. Unit

commanders may not non-concur with mobility restrictions directed by DPANM or ARC SGP (i.e. ALCs).

3.5. Pregnancy-related Duty Limitations.

3.5.1. When an Airman is diagnosed as pregnant, Force Health Management (FHM) will be notified by an AF Form 469 initiated by the provider, via direct referral from the provider or clinic staff, or through other appropriate means. (For ARC, the Airman is required to notify the medical unit and provide proof of pregnancy.) If MSME receives a new AF Form 469 for pregnancy, it will be immediately forwarded to FHM for appropriate action as the action office for the Fetal Protection Program.

3.5.1.1. FHM, in coordination with the PCM, will issue an initial AF Form 469 within 5 duty days of notification to FHM or MSME of a positive pregnancy test. The AF Form 469 will include standard duty limitations, mobility restrictions, and fitness restrictions (IAW para 3.5.2. of this Instruction).

3.5.1.2. For pregnant Airmen assigned to a workplace monitored as part of the Occupational and Environmental Health Program (OEHP), standard duty limitations may require additional or altered limitations, based on workplace-specific hazards. If indicated by the OEHP, the Airman's worksite will be evaluated for hazards that could affect the mother or fetus. If this evaluation indicates the need for a change in the standard duty limitations, the AF Form 469 will be modified within 15 duty days of initial FHM notification with restrictions tailored to the hazards of the Airman's workplace. BE will provide a written workplace evaluation to FHM based on either the latest workplace survey (if conducted within the last 12 months) or a specific site visit to identify workplace hazards. FHM will, in turn, coordinate with the installation Occupational and Environmental Health Consultant and the women's health provider or PCM and to finalize the duty limitations on the AF Form 469. ARC may have civilian OB/GYN consultation on duty limitations.

3.5.1.3. Duty limitations associated with pregnancy may require temporary removal from certain AFSC duties. Retraining will not be required.

3.5.2. The Obstetrics and Gynecology (OB-GYN) Consultants to the AF/SG will validate the AF standard duty limitations, mobility restrictions, and FR for pregnancy annually and produce an updated AF Form 469 pregnancy overprint or template.

3.5.2.1. The DAWG may approve changes to the standard template when deemed appropriate. Changes will be documented in the DAWG minutes.

3.5.3. For pregnant Airmen, the EP (MLO or FPM for ARC) will provide exercise prescriptions based on guidance from the Airman's OB medical provider.

3.6. Multiple Action AF Form 469.

3.6.1. If an Airmen requires an AF Form 469 be initiated for multiple purposes (mobility, duty, and/or fitness), mobility restrictions always have highest priority in processing. This means that management of the AF Form 469 must follow the process described in paragraph 3.4. of this Instruction. If there are no mobility restrictions, but there are duty and fitness restrictions, then process the AF Form 469 following paragraph 3.3. of this Instruction.

EXCEPTION: Pregnancy-related AF forms 469 will be processed IAW section 3.5. of this Instruction.

3.6.2. FR/FAE issued with either (or both) MR and DR may be printed and provided to the Airmen by the provider as a draft (the provider would only sign in one place). Follow guidance in paragraph 3.2.1.2. of this Instruction on issuing a draft AF Form 469 for the Airmen while the DR and MR follow the review processes described herein.

3.7. External duty limitations (civilian or sister service). All AF personnel must report changes in physical status to their AF military medical unit. Duty limitations from a non-AF provider are a recommendation and must be entered on an AF Form 469 by an AF provider to be valid. AF providers retain final mobility recommendation authority.

3.8. Dental.

3.8.1. When an Airmen is placed into Dental Readiness Classification (DRC) 3, an AF Form 469 will be initiated. The 469 will be the primary means of notifying commanders that a member is in DRC 3. See AFI 47-101, *Managing Air Force Dental Services*, for more information.

3.8.2. DRC 4 generally does not require an AF Form 469. However, if the class 4 extends beyond 30 days without resolution, an AF Form 469 may be utilized, at the discretion of the Chief of Dental Services in consultation with the SGP, as an additional tool to communicate the non-deployable status of the Airman to the unit.

Chapter 4

DAWG CASE MANAGEMENT REVIEW

4.1. Routine DAWG Case Reviews.

4.1.1. Purpose. The Deployment Availability Working Group (DAWG) will be established at each wing/base level and will meet at least monthly to review personnel with a Duty Limiting Condition (DLC) that impacts mobility, retention, or long-term physical fitness. The DAWG will identify personnel not deployment eligible (Not Mission Capable, NMC) and track progress of the medical condition through resolution or definitive disposition. They will further identify cases exceeding prescribed time limits, review a representative sample of DLCs, and provide feedback to Primary Care Management (PCM) teams, including providers, via the Chief of the Medical Staff (SGH). The DAWG will produce and provide a report to the Medical Treatment Facility (MTF) executive committee via the Aerospace Medicine Council (AMC).

4.1.1.1. The DAWG at Air Reserve Component (ARC) installations should meet monthly, but not less than quarterly. At co-located bases, ARC representatives are highly encouraged to participate in the AD host base DAWG to ensure ARC Airmen requiring Initial RILOs and/or Medical Evaluation Boards (MEB) are managed appropriately (e.g. through AD channels for duty-related conditions or through ARC for non-duty related Fitness for Duty (FFD)/World Wide Duty (WWD) conditions).

4.1.1.2. Disclosures of an Airman's protected health information (PHI) to the DAWG are required by law and must be accounted for IAW AFI 41-210.

4.1.2. Membership will consist of the Chief of Aerospace Medicine (SGP), SGH, Senior Profiling Officer (SPO), all available POs, Medical Standards Management Element (MSME), PEBLO, a PCM representative, Exercise Physiologist (EP), and, as appropriate, an ARC FPM and MLO. Others may be assigned or invited to attend as needed (e.g. DoD/Veterans Affairs (VA) military services coordinator).

4.1.2.1. A mental health representative may be invited or appointed to the DAWG depending on the number and complexity of mental health cases to be reviewed.

4.1.2.2. Any member of the medical management team (Health Care Integrator, Case Manager, Utilization Manager, or Disease Manager) may be invited or appointed to provide clinical case management expertise, as desired. Similarly, a referral management specialist may be invited or included. (**Note:** Not applicable for AFRC bases.) If this individual is not a nurse, the DAWG may consider including a clinical nurse to provide clinical case management input, support, and guidance to MSME.

4.1.2.3. A representative from the Women's Health Clinic (or equivalent section managing pregnant Airmen) may be invited or included as a member of the DAWG, at the discretion of the Chair, if indicated for better management of Assignment Availability Code (AAC) 81 cases.

4.1.2.4. Providers who have empanelled cases being considered at the DAWG, or who initially referred a case or are involved in the clinical management of the case, may be

invited to attend the DAWG based on the discretion of the DAWG Chair and the availability of the provider.

4.1.2.5. The DAWG Chair may invite attendees who are not assigned to the MTF staff, but only for those portions of the meeting that do not address PHI. For PHI-related portions of the meeting, DAWG attendance by personnel not assigned to the MTF staff is limited to unit commanders or personnel designated by commanders to receive PHI. These personnel may only attend portions of the DAWG applicable to Airmen under their designated command structure.

4.1.3. The DAWG will review and provide oversight of the following processes:

4.1.3.1. Airmen with DLCs which do not affect mobility. For Airmen with DLCs ≥ 365 cumulative days in duration but who are still mobility qualified (to include DR, Fitness Restrictions (FR), and/or Fitness Assessment Exemptions (FAE)), the MSME will review each case following the review by the PCM as part of the Preventive Health Assessment (PHA) process. Based on the PCM's recommendation and the results of MSME review, cases may be referred to the DAWG to consider the need for restriction continuance, termination of restrictions, or any changes in the condition that may necessitate a RILO. Medical conditions impacting the fitness assessment only and not impacting mobility, retention, or Air Force Specialty Code (AFSC) duties do not automatically require Initial RILO.

4.1.3.2. AAC 31 Review. An Aeromedical Services Information Management System (ASIMS) Web-generated list of all personnel with an AAC 31 will be reviewed by MSME prior to the DAWG. For cases identified for DAWG review, MSME will review the medical records, in consultation with the provider as appropriate, and be prepared to present issues and potential solutions for these cases. Providers may be required to attend the DAWG meeting, at the discretion of the DAWG Chair, if deemed appropriate to discuss cases.

4.1.3.2.1. 90-Day AAC 31 Review. Any AF Form 469 with an AAC 31 that has been in effect for 90 days or more will be reviewed to ensure the mobility restrictions (MR) are applied appropriate to the clinical condition. Once this 90-day review has been accomplished on a specific AF Form 469, it does not need to be reviewed again until it has reached 300 days in effect.

4.1.3.2.2. Chronic AAC 31 Review. Any AF Form 469 with an AAC 31 that has been in effect for 300 days or greater will be reviewed.

4.1.3.2.2.1. The issuing provider (or PCM if more appropriate) will be notified by MSME when an AF Form 469 with an AAC 31 reaches 300 days cumulative time (or will reach 300 days by the time of the next DAWG meeting) for a single condition in preparation for referral to DAWG. If the DAWG determines that it is probable that the restrictions will not be lifted before one year has passed, Initial RILO will be initiated immediately without waiting for 365 cumulative days under restriction to pass. For ARC Airmen with conditions determined to not be LOD ("LOD no"), the FFD/WWD process will be utilized following the same timeline.

4.1.3.2.2.2. There is no requirement to wait 300 days before identifying cases for

Initial RILO. The Initial RILO may be initiated anytime an Airmen is not anticipated to regain mobility or retention eligibility within 12 months of the initial DLC. Additionally, certain diagnoses will result in immediate Initial RILO IAW AFIs 41-210 and 48-123.

4.1.3.3. Other cases. The DAWG may also receive cases for review referred directly from the provider, from HQ AFPC Medical Retention Standards Branch (DPANM), from the ARC SGP, from the EP (or MLO for ARC) or from an Airman's Commander. For all of these direct referral cases, MSME will review appropriate records and coordinate with the Airman's PCM (or a Profiling Officer (PO) if PCM is not available) to present pertinent case information to the DAWG.

4.1.3.4. For cases reviewed by the DAWG as indicated in sections 4.1.3.1. through 4.1.3.3. above, the DAWG will determine whether an Airman's condition(s) meets standards for continuing military service IAW AFI 48-123. The DAWG will make one of two determinations:

4.1.3.4.1. The condition(s) meets standards for retention and the Airman is fully capable of deploying with no mission-related restrictions. In these cases, the 469 will be revised to reflect appropriate duty/fitness restrictions and the case will be considered "dismissed" from the DAWG.

4.1.3.4.2. The condition does not meet medical retention standards and/or the Airmen is not capable of deploying without some restrictions. In these cases, Initial RILO will be initiated IAW paragraph 4.2 of this Instruction and AFI 41-210. For those cases where the Airman's hospitalization or treatment progress appears to have medically stabilized but the final prognosis or outcome may not be known for more than a year, the referral for Initial RILO will not be delayed as long as the course of recovery is relatively predictable and a reasonable determination can be made that the condition will be unlikely to resolve or improve to meet standards IAW AFI 48-123 within 12 months.

4.1.3.5. Initial RILO. Once the DAWG has determined that an Initial RILO is indicated, MSME will initiate an AAC 37 on the Airman's AF Form 469. Individual providers will not initiate the AAC 37.

4.1.3.5.1. Once the Code 37 is initiated by the DAWG, the Initial RILO package will be prepared and presented at the next DAWG meeting IAW AFI 41-210. If the Initial RILO package is not ready to present at the next DAWG meeting, the case must be tracked as an open item in the DAWG minutes, with an explanation of why it is delayed, until the package is complete and has been reviewed by the DAWG.

4.1.3.6. AAC 81, pregnancy. The MSME function will query ASIMS for all AAC 81 cases monthly and the continued pregnancy status will be confirmed by the Women's Health Clinic. Discrepancies will be resolved to ensure the earliest possible return of the Airman to unrestricted duty. MSME will report to the DAWG on the overall rate of AAC 81 cases and the status of discrepancies.

4.1.3.7. MPS Reconciliation. At least annually, and when deemed appropriate by the DAWG, MSME will request from the installation MPS a list of all personnel with an AAC 31, 37, and 81 for reconciliation with ASIMS data. This reconciliation will be

documented in the DAWG minutes, but will only need further discussion/investigation if significant discrepancies are found.

4.1.3.8. Modified RILO due dates. The PEBLO (or ARC equivalent) will track Modified RILO due dates for all personnel with an Assignment Limitation Code C (ALC-C). MSME (or PH) will assist in keeping this list current by advising the PEBLO of any new RILO cases (Airmen with an existing ALC-C) identified during the in-processing medical record review process. Prior to each DAWG, the PEBLO will review these records to identify problems which require attention. Those cases that are identified with problems (overdue, complex diagnoses, etc) will be reviewed at the DAWG with status updates provided by both the PEBLO and the PCM on cases currently being worked. The Air Force Reserve Command (AFRC) physical examination section will track ALC-C RILO due dates for WWD cases.

4.1.3.9. MEDCON cases. The DAWG shall review initial medical continuation (MEDCON) cases for IDES consideration and will collaborate with the ARC Case Management Office on subsequent referrals to IDES. See AFI 36-2910 for further information on management of MEDCON cases.

4.1.4. DLC quality review. The SGP and SGH will direct or conduct a review of the quality of DLC determinations and FAE as documented on AF Form 469 and present monthly statistics on this review. This review may be accomplished through the facility provider peer review program or other means as deemed appropriate by the DAWG, and at minimum will address the following:

4.1.4.1. Are functional limitations appropriate for the diagnosis and written appropriately?

4.1.4.2. Is the estimated duration of medical recommendations (duty, mobility, and/or fitness) appropriate?

4.1.4.3. Was mobility qualification appropriately addressed?

4.1.4.4. Was potential medical disqualification (e.g. diagnosis rendering an Airman unfit for duty), with concomitant need for Initial RILO referral to the DAWG, appropriately identified?

4.1.4.5. Were FAE appropriate?

4.1.4.6. The proportion of DLCs to be reviewed will be determined by the DAWG (and documented in the minutes at least annually) but shall be an adequate sample to provide an accurate representation of the quality of DLCs in the MTF. A specified portion of the DLCs must include FAE.

4.2. DAWG Review for Initial RILO.

4.2.1. Airmen who have conditions that render them unfit for continued military service IAW AFI 48-123 or are found to be unable to deploy must undergo Initial RILO IAW AFI 41-210. In addition to those conditions specifically listed in AFI 48-123, Airmen may require an Initial RILO due to a duty limiting condition which has resulted or likely will result in a mobility restriction for 365 days or longer. Additionally, other diseases or defects not specifically listed in AFI 48-123 may also be cause for Initial RILO based upon the

medical judgment of the examining physician and concurrence of the DAWG. Refer to AFI 48-123 and AFI 41-210 for further requirements for RILOs.

4.2.1.1. Cases for Initial RILO may be initially identified for DAWG consideration through one of five triggers.

4.2.1.1.1. A provider (PCM or specialist) identifies an Airman with a diagnosis that is unfit for continued military service. The provider that initially identifies the case will be the “referring” provider and will be responsible for coordinating the clinical aspects of DAWG review. The provider will contact the PEBLO and/or MSME who will advise the provider on what actions are needed to present the case to the DAWG. If the provider is uncertain whether the case requires Initial RILO, it will still be referred for DAWG review.

4.2.1.1.2. During AAC 31 surveillance, the DAWG identifies an Airman with a long-standing AAC 31 and the medical condition appears unlikely to resolve within 365 days of initiation of the AAC 31. In these cases, the DAWG may request consultation with the provider that initiated the AAC 31.

4.2.1.1.3. An Airman’s Commander requests evaluation due to poor duty performance or deployment concerns stemming from a potential medical or mental health condition.

4.2.1.1.4. A Permanent Change of Station (PCS), TDY, or deployment is cancelled for a medical or mental health reason.

4.2.1.1.5. DPANM or ARC SGP directs the Initial RILO.

4.2.1.2. Once the Initial RILO case is identified, the PEBLO will coordinate bringing appropriate information to the DAWG for case review. Appropriate information might include medical record entries (AHLTA or hard copy), consultant or special examination reports, the applicable 469, the most recent 422, or any other information deemed relevant. The MSME will also coordinate having the provider attend the DAWG if the DAWG Chair deems this appropriate.

4.2.1.2.1. Once a case is referred to the DAWG, it should be reviewed at the next scheduled DAWG meeting, but no more than 45 days after the referral is made.

4.2.1.3. The DAWG review will take into account all available and appropriate information related to the case. The disposition of the DAWG review may include:

4.2.1.3.1. Case dismissal. If the Airman is found to be fit for continued military service and mobility based on the information considered, the AF Form 469 may be updated appropriately and the case dismissed to routine medical care. Case dismissal does not preclude the Airman being considered for DAWG review again in the future for the same condition if the Airman’s status changes.

4.2.1.3.1.1. A note will be placed in the Airman’s medical record indicating that the condition was reviewed for possible MEB and found to be fit without need for Initial RILO or MEB.

4.2.1.3.2. Initial RILO referral. If there is any doubt that the Airman is fit for continued unrestricted duty (i.e., might require an ALC-C code to be applied or might

require an MEB for consideration for separation), the case becomes an Initial RILO. Once the DAWG determines that the case warrants Initial RILO, it is incumbent upon the PEBLO to ensure that all requirements for the Initial RILO package are completed.

4.2.1.4. Once a case has been identified for Initial RILO, the DAWG Chair will direct MSME to change the AAC to 37. AAC 37 will not be initiated by individual providers.

4.2.1.5. Initial RILO packages will be processed IAW AFI 41-210. Once the Initial RILO package is complete (to include all specialty consultations and special studies), the entire package must be reviewed by the DAWG and signed off by either the SGH or SGP to ensure that it is complete and accurate. This step serves as a final quality review and will be completed no more than 30 days after the case was initially reviewed at the DAWG. If the final review is delayed beyond 30 days, the reason for the delay will be documented in the DAWG minutes. The packages will be forwarded to DPANM or ARC SGP as applicable for adjudication with a recommendation from the DAWG for either MEB or RTD (this recommendation is not binding on the adjudication by DPANM or ARC SGP).

4.2.1.6. DPANM or ARC SGP Adjudication. DPANM or ARC SGP as applicable will review the Initial RILO packages and will advise the PEBLO of the disposition. The disposition by DPANM or ARC SGP is final and has the same effect and authority as a MEB. It will most commonly be communicated via the Form 4 sent to the PEBLO, but could occur in other formats as deemed appropriate.

4.2.1.6.1. RTD. If DPANM or ARC SGP directs that the Airman is RTD, the PEBLO will notify MSME and the provider. MSME will immediately release the AAC 37. AF Forms 422 and 469 will be initiated or updated (as appropriate) to reflect ongoing restrictions deemed appropriate by the DAWG. A disposition of RTD does not preclude the Airman being considered for Initial RILO again for the same condition if the condition changes or deteriorates enough to warrant re-consideration.

4.2.1.6.2. ALC-C. DPANM or ARC SGP may direct RTD with application of an ALC-C. The PEBLO will notify MSME and the provider, and MSME will immediately release the AAC 37. AF Forms 422 and 469 will be initiated or updated (as appropriate) with language directed by DPANM or ARC SGP as applicable and ongoing restrictions deemed appropriate by the DAWG. MSME will use specific ALC-C language as outlined in AFI 41-210.

4.2.1.6.2.1. DPANM is the authority to assign or remove the ALC-C on AD Airmen. The appropriate ARC SGP is the authority to assign or remove the ALC-C for ARC Airmen. An assigned ALC-C code may be stratified based on risk to the individual as well as medical requirements. The code may be valid indefinitely, but must be reviewed and renewed IAW AFI 41-210 or specific guidance from DPANM or the appropriate ARC SGP for ARC Airmen.

4.2.1.6.2.2. For Initial RILOs returned from DPANM or ARC SGP with direction for RTD or ALC-C, MSME, in coordination with the provider and PO, will ensure that appropriate long-term FR and FAE are included on the AF Form 469 if indicated.

4.2.1.6.3. Refer for MEB. If DPANM or ARC SGP determines that the Airman may be unfit for military duty, an MEB will be directed. (**Note:** Does not apply to Not In Line of Duty conditions for ARC.) The PEBLO will notify MSME to ensure that the AAC 37 stays valid. The PEBLO will initiate the VA Form 21-0819 *VA/DoD Joint Disability Evaluation Board Claim*, then forward the form to the provider for further clinical information and signature to initiate the Veteran's Administration (VA) evaluation as part of the Integrated Disability Evaluation System (IDES). The date of the provider's signature is the formal initiation date for all IDDES cases. The PEBLO will then enter the case into the VA Tracking Application (VTA). The PEBLO will ensure that any additional DPANM or ARC SGP requirements are met. All other MEB/IDES processes will proceed IAW AFI 41-210 and other applicable regulations.

4.2.1.6.4. Other. DPANM or ARC SGP may send a case back to the MTF for ongoing medical management, they may return with no action (reason will be provided), or they may request additional information. In each of these cases, appropriate restrictions and MTF actions will be detailed on the Form 4, to include disposition of the AAC 37.

4.2.1.6.5. ARC Airmen with non-service connected issues will have a FFD/WWD determination. The respective ARC SGP will generally use the same Initial RILO package requirements for FFD/WWD determinations as active duty Initial RILOs, but may specify additional (or fewer) criteria and processes. Active duty units supporting ARC Airmen will obtain and maintain a copy of applicable guidance.

4.2.2. The authority to deploy an Airman with an ALC-C is based on stratification levels, or as specified in the reporting instructions for a defined deployment. A description of ALC stratification and the process for waiver requests are detailed in AFI 41-210.

4.3. Metrics.

4.3.1. The MSME function will develop a report from ASIMS data reflecting the current status of their wing and supported units, reporting through the DAWG to the MTF executive function and wing Commander (as required) via the AMC. Components of the report will include:

4.3.1.1. Fully Mission Capable (FMC, formerly Medically Mobility Ready (MMR)) percentage. These Airmen are "green" for all ASIMS requirements and are capable of deploying with no medical actions required.

4.3.1.2. Partially Mission Capable (PMC, formerly Medically Mobility Capable (MMC)) percentage. These Airmen do not have an AAC 31, 37, or 81. They do have unmet ASIMS requirements that could be resolved within 30 days.

4.3.1.3. Not Mission Capable (NMC, formerly Medically Mobility Limited (MML)) percentage. These Airmen would require >30 days to become FMC and include those with AAC 31, 37, or 81. It also includes Airmen with an ALC, regardless of stratification.

4.3.2. Diagnosis and Medication Surveillance. At least ten times per year, MSME will present findings to the DAWG of selected diagnostic or medication utilization queries as directed by the SGH to ensure Airmen with certain medical conditions do not remain

unidentified in the mobility reporting system. A Composite Health Care System (CHCS)/AHLTA query will be compared to existing AAC 31, 37 and 81 lists to provide increased visibility on conditions which may impact deployment availability. Personnel identified using this surveillance will be referred to their PCM for initiation of DLC action if indicated. Findings will be presented to the professional staff by the SGH at least annually for education purposes. This paragraph does not apply to ARC units.

4.3.2.1. The SGH will develop a list of the ten most frequently seen diagnoses requiring Initial RILO at the MTF as well as medications associated with treating these conditions. For each review a different diagnosis and/or medication from the list will be selected. MSME will ensure the reviews are performed and will present findings, i.e., cases that may need DLC action or Initial RILO to the DAWG.

4.3.3. In addition to the above metrics, the DAWG will track the following data and report to the MTF Executive committee via the AMC:

4.3.3.1. Timelines and outcomes related to Initial RILOs/MEBs, as follows:

4.3.3.1.1. Average duration from the date a potential Initial RILO case is identified to the PEBLO until the case is transmitted to DPANM or ARC SGP as applicable (cases dismissed by the DAWG would not be included).

4.3.3.1.2. Average duration from DAWG determination for Initial RILO until DPANM or ARC SGP case disposition (regardless of DPANM or ARC SGP action taken).

4.3.3.1.3. Average duration from DPANM or ARC SGP notification to the MTF to conduct an MEB until the completed MEB package (to include Veteran Affairs Compensation and Pension (VA C&P) exam report and updated narrative summary (NARSUM)) is sent to IPEB.

4.3.3.1.3.1. For paragraphs 4.3.3.1.1. – 4.3.3.1.3. of this Instruction, once an average is established, cases that exceed the average by a significant amount (to be determined by the DAWG) will be given specific attention by the DAWG to determine the cause of the delay and whether local processes can be adjusted to avoid such delays.

4.3.3.2. Overdue rate for Annual RILO cases (#cases overdue at time of DAWG meeting/total ALC-C cases in MTF rosters).

4.3.3.3. Results of clinical quality review and recommended actions for significant trends identified.

4.3.4. This list of metrics for the DAWG report is not exclusive of other metrics deemed appropriate by the DAWG or higher authority.

Chapter 5

FITNESS FOR DUTY (FFD)/ WORLD WIDE DUTY (WWD) AND PRESUMPTION OF FITNESS

5.1. Air Reserve Component (ARC) Airmen. ARC Airmen entitled to disability processing IAW 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, will undergo Initial Review-In-Lieu-Of (RILO) processing by Active Duty (AD) Medical Treatment Facilities (MTF). ARC Airmen with non-duty related issues will undergo FFD/WWD processing by the ARC medical unit and be reviewed by the appropriate ARC Chief of Aerospace Medicine (SGP). ARC SGP will provide additional guidance as needed. For FFD purposes, Commanders and their designees, to include personnel offices, must receive medical information. Only the minimum information necessary will be provided. If disclosures of this information have not been specifically authorized by the Airman, the MTF will account for the disclosures IAW AFI 41-210.

5.2. Presumption of Fitness. The existence of a physical defect or condition does not in itself necessarily provide justification for or entitlement to an Initial RILO, Medical Evaluation Board (MEB) or assignment limitation code. For most Airmen approaching retirement, a full MEB is not necessary (see AFI 41-210, paragraph 4.53.1.4.). DPANM will review the Initial RILO package and determine the appropriate case disposition. Review by ARC SGP for the ARC will suffice unless the presumption of fitness is in doubt; ARC SGP retains the authority for medical hold in cases where presumption of fitness is in doubt for ARC Airmen. See AFI 36-3212, paragraph 3.17. for further guidance regarding presumption of fitness.

Chapter 6

LIMITED SCOPE MEDICAL TREATMENT FACILITIES (LSMTF) AND MEDICAL AID STATIONS (MAS)

6.1. Definitions.

6.1.1. LSMTFs are medical elements, flights, or small medical squadrons with a credentialed medical provider that do not provide the scope of services found in a medical group. LSMTFs are typically assigned to a line squadron or group (e.g. Air Base Squadron, Mission Support Group or Air Base Group). In some cases, a LSMTF may report directly to a wing or MAJCOM.

6.1.2. MAS are small medical elements without a credentialed medical provider and are typically located at a geographically separated unit (GSU) or a Munitions Support Squadron (MUNSS) site.

6.1.2.1. MUNSS sites are GSUs responsible for receipt, storage, maintenance and control of United States War Reserve Munitions in support of the North Atlantic Treaty Organization (NATO) and its strike missions. See AFI 21-200, *Munitions and Missile Maintenance Management*.

6.1.2.2. GSUs are units that are not at the same physical location or base as the parent unit.

6.2. Responsibilities.

6.2.1. MAJCOM/SG. The MAJCOM/SG for the supported GSU and MUNSS (LSMTF, MAS, and GSU without LSMTF or MAS) will assign the nearest Active Duty (AD) AF MTF as the supporting MTF (with written concurrence of the MAJCOM/SG for the supporting MTF if assigned to a different MAJCOM), for each GSU and MUNSS within their area of responsibility to assist with the documentation and administrative management of Airmen with Duty Limiting Conditions (DLC).

6.2.2. Supporting MTF/CC

6.2.2.1. Is ultimately responsible for the documentation and administrative management of Airmen with DLCs as defined in this AFI at the GSU and MUNSS sites and will ensure appropriate support is provided.

6.2.2.2. Will administer the Program Objective Memorandum (POM) for additional MTF personnel to meet the requirements to support assigned GSU and MUNSS sites based on current manpower models and increased workload.

6.2.2.3. Will ensure a credentialed provider, preferably a Profiling Officer (PO), is available to counsel Airmen placed on Assignment Availability Code (AAC) 31, 37, or 81 at the GSU and MUNSS sites. This counseling may occur via video teleconference or telephone when circumstances do not allow face-to-face contact but will be documented by the credentialed provider in the Airman's electronic medical record.

6.2.3. MTF Chief of Aerospace Medicine (SGP) at supporting MTF. Will ensure appropriate documentation and administrative management of Airmen with DLCs at the GSU or MUNSS sites.

6.2.4. PO at the supporting MTF will perform PO duties for Airmen assigned to supported GSU or MUNSS sites who require an AF Form 422 or 469.

6.2.4.1. If the GSU or MUNSS site Airman is not empanelled to a Primary Care Manager (PCM) at the supporting MTF and receives duty limitation recommendations from a civilian provider, the PO at the supporting MTF will initiate an AF Form 469 using the civilian provider's recommendations as a guide. If the GSU or MUNSS Airman is empanelled, the PCM will perform this function. The AF provider that transcribes the civilian provider's recommendations retains final authority on the restrictions placed on the AF Form 469.

6.2.5. The Deployment Availability Working Group (DAWG) at the supporting MTF will administratively manage the duty limiting condition, AAC 31, 37, 81, Assignment Limitation Code C (ALC-C), and RILO (Initial and Annual) cases from the GSU and MUNSS sites as outlined in this Instruction.

6.2.6. Medical Standards Management Element (MSME) at the supporting MTF will perform the MSME functions as outlined in this instruction for the supported GSU and MUNSS sites. Video teleconferencing, teleconferencing, or electronic data and communication systems may be utilized to facilitate these functions.

6.2.7. The PEBLO at the supporting MTF will perform their functions as outlined in this Instruction and AFI 41-210 for the supported GSU and MUNSS sites. Video teleconferencing, teleconferencing, or electronic data and communication systems may be utilized to facilitate these functions.

6.2.8. The Exercise Physiologist (EP) at the supporting MTF will perform their functions as outlined in this Instruction for the supported GSU and MUNSS sites. Video teleconferencing, teleconferencing, or electronic data and communication systems may be utilized to facilitate these functions.

6.2.9. LSMTF Officer in Charge (OIC) or Non-commissioned Officer in Charge (NCOIC).

6.2.9.1. Will ensure that patients presenting for care are evaluated, treated and/or referred as appropriate by a credentialed provider. **Note:** Credentialed providers at a LSMTF will have the same scope of responsibility as providers at the supporting MTF to include the appropriate evaluation, clinical management, referral, DLC and profile disposition, and narrative summary preparation as appropriate for their patients.

6.2.9.2. Will ensure that information for patients with DLCs is entered into Aeromedical Services Information Management System (ASIMS) Web and, when indicated, made available electronically to the supporting MTF for MSME review and PO approval IAW this Instruction.

6.2.9.3. Will ensure that medical records and provider staff are made available for the supporting MTF DAWG.

6.2.9.4. Will coordinate with GSU and MUNSS site Commanders to ensure Airmen obtain the required exams and studies.

6.2.9.5. Will ensure that LSMTF credentialed providers prepare an appropriate narrative summary when required within the time specified by policy and provide all supporting documents and information for Initial and Annual RILOs, Medical Evaluation Board (MEB), or other Integrated Disability Evaluation System (IDES) processing to the supporting MTF.

6.2.9.6. If no LSMTF credentialed provider is available, the LSMTF OIC/NCOIC will ensure Airmen with a DLC that restricts mobility (AAC 31, 37, or 81) are referred to the supporting MTF to receive counseling by a credentialed provider, preferably a PO. This counseling may occur via video teleconference or telephone when circumstances do not allow face-to-face contact but will be documented by the credentialed provider in the Airman's electronic medical record.

6.2.10. OIC overseeing MAS:

6.2.10.1. Will ensure that patients presenting for care are evaluated, treated and/or referred as appropriate under the supervision of a credentialed provider. **Note:** MAS medical personnel will provide documentation and management of Airmen with DLCs as defined in this Instruction within their scope of training, manpower, and equipment.

6.2.10.2. Will ensure that information for patients with a DLC are entered into Aeromedical Services Information Management System (ASIMS) Web and, when indicated, made available electronically to the supporting MTF for MSME review and profile officer approval. If ASIMS is not available at the supported site, then will ensure DLC information is forwarded to the supporting MTF for entry into ASIMS. MSME will serve as the point of contact for this purpose.

6.2.10.3. Will ensure that medical records and medical element staff are made available for the supporting MTF DAWG.

6.2.10.4. Will coordinate with GSU or MUNSS site Commanders to ensure Airmen obtain the required exams and studies.

6.2.10.5. Will ensure Airmen with a DLC that restricts mobility (AAC 31, 37, or 81) are referred to the supporting MTF to receive counseling by a credentialed provider, preferably a profile officer. This counseling may occur via video teleconference or telephone when circumstances do not allow face-to-face contact but will be documented by the credentialed provider in the Airman's electronic medical record.

BURTON M. FIELD, Lt Gen, USAF
DCS, Operations, Plans and Requirements

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Title 10 United States Code Section 8013

Executive Order (EO), 9397, *Numbering System for Federal Accounts Relating to Individual Persons*, November 22, 1943, as amended by EO 13476, *Amendments to EO 9397 Relating to Federal Agency Use of Social Security Numbers*, November 20, 2008.

DoDD 1332.18 *Separation or Retirement for Physical Disability*, December 1, 2003

DoDI 6490.07, *Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees*, February 5, 2010

DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*, August 17, 2011

DODR5210.42R_AFMAN 10-3902 *Nuclear Weapons Personnel Reliability Program (PRP)*, 2 November 2010

AFPD 10-2 *Readiness*, 30 October 2006

AFPD 44-1 *Medical Operations*, 1 September 1999

AFPD 48-1 *Aerospace Medicine Enterprise*, 23 August 2011

AFI 10-250 *Individual Medical Readiness*, 9 March 2007

AFI 21-200 *Munitions and Missile Maintenance Management*, 13 November 2009

AFI 33-324 *The Information Collections and Reports Management Program: Controlling Internal, Public and Interagency Air Force Information Collections*, 1 June 2000

AFI 36-2101 *Classifying Military Personnel (Officer and Enlisted)*, 14 Jun 2010

AFI 36-2254, Volume 1 *Reserve Personnel Participation*, 26 May 2010

AFI 36-2905 *Fitness Program*, 1 July 2010

AFI 36-2910 *Line of Duty (Misconduct) Determination*, 4 October 2002

AFI 36-3206 *Administrative Discharge Procedures for Commissioned Officers*, 9 June 2004

AFI 36-3208 *Administrative Separation of Airmen*, 9 July 2004

AFI 36-3209 *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, 14 April 2005

AFI 36-3212 *Physical Evaluation for Retention, Retirement, and Separation*, 2 February 2006

AFI 41-210 *Tricare Operations and Patient Administration Functions*, 6 June 2012

AFI 44-109 *Mental Health and Military Law*, 1 March 2000

AFI 44-119 *Medical Quality Operations*, 16 August 2011

AFI 44-170 *Preventive Health Assessment*, 22 February 2012

AFI 44-172, *Mental Health*, 14 March 2011

AFI 44-176 *Access to the Care Continuum*, 12 September 2011

AFI 47-101 *Managing Air Force Dental Services*, 1 June 2009

AFI 48-101 *Aerospace Medicine Enterprise*, 19 October 2011

AFI 48-123 *Medical Examinations and Standards*, 24 September 2009

AFI 48-145 *Occupational and Environmental Health Program*, 15 September 2011

AFI 48-149 *Flight and Operational Medicine Program (FOMP)*, 29 August 2012

AFMAN 33-363 *Management of Records*, 1 March 2008

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule

Adopted Forms

AF Form 422, *Notification of Air Force Member's Qualification Status*, 25 October 2007

AF Form 469, *Duty Limiting Condition Report*, 25 October 2007

AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

DD Form 2808, *Report of Medical Examination*

VA Form 21-0819, *VA/DOD Joint Disability Evaluation Board Claim*

Abbreviations and Acronyms

AAC—Assignment Availability Code

AD—Active Duty

AETC—Air Education and Training Command

AF— —Air Force

AFECD—Air Force Enlisted Classification Directory

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFMS— —Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFOCD—Air Force Officer Classification Directory

AFPC—Air Force Personnel Center

AFPC/DPANM—Air Force Personnel Center, Medical Standards Department

AFPD—Air Force Policy Directive

AFRC— —Air Force Reserve Command

AFSC—Air Force Specialty Code

AF/SG—Air Force Surgeon General

AHLTA—Armed Forces Health Longitudinal Technology Application
ALC—C —Assignment Limitation Code-C
AMC— —Aerospace Medicine Council
AMP—Aerospace Medicine Primary
ANG—Air National Guard
ARC—Air Reserve Component
ASIMS—Aeromedical Services Information Management System
BE— —Bioenvironmental Engineering
C&P—Compensation and Pension
CAC—Command Access Card
CC—Commander
CHCS—Composite Health Care System
CMA— —Competent Medical Authority
COCOM—Combatant Commander
CONUS— —Contiguous United States
DAWG—Deployment Availability Working Group
DES— —Disability Evaluation System
DLC—Duty Limiting Condition
DoD— —Department of Defense
DoDD—Department of Defense Directive
DoDI—Department of Defense Instruction
DR—Duty Restriction
EP—Exercise Physiologist
E-Publishing—Air Force document publishing website (www.e-publishing.af.mil)
EPTS—Existing Prior to Service
FA— —Fitness Assessment
FAE—Fitness Assessment Exemption
FFD—Fitness for duty
FHM—Force Health Management
FM— —Flight Medicine
FMC—Fully Mission Capable
FP—Fitness Program

FPM—Fitness Program Manager
FR—Fitness Restriction
FS—Flight Surgeon
HAWC—Health and Wellness Center
GSU— —Geographically Separated Unit
HIPAA—Health Insurance Portability and Accountability Act
IAW— —In accordance with
IDES—Integrated Disability Evaluation System
KX— —Knowledge Exchange
LOD—Line of Duty
LSMFT— —Limited Scope Medical Treatment Facility
MAJCOM—Major Command
MAS— —Medical Aid Stations
MDG—Medical Group
MEB—Medical Evaluation Board
MEDCON—Medical Continuation
MilPDS—Military Personnel Data System
MLO— —Medical Liaison Officer
MMC—Medically Mobility Capable
MML—Medically Mobility Limited
MMR—Medically Mobility Ready
MPA— —Military Personnel Appropriation
MPS—Military Personnel Section
MR—Mobility Restriction
MSME—Medical Standards Management Element
MTF—Medical Treatment Facility
MUNSS— —Munitions Support Squadron
N/A— —Not Applicable
NARSUM—Narrative Summary
NATO— —North Atlantic Treaty Organization
NGB— —National Guard Bureau
NMC—Not Mission Capable

OB—GYN —Obstetrics and Gynecology
OCONUS— —Outside the Contiguous United States
OIC— —Officer in Charge
OPR— —Office of Primary Responsibility
PCM—Primary Care Manager
PCS—Permanent Change of Station
PEB—Physical Evaluation Board
PEBLO—Physical Evaluation Board Liaison Officer
PH— —Public Health
PHA—Preventive Health Assessment
PHI—Protected Health Information
PIMR—PHA and Individual Medical Readiness
PMC—Partially Mission Capable
PME—Professional Military Education
PO—Profile Officer
POC— —Point of Contact
POM— —Program Objective Memorandum
PPC— —Personnel Processing Code
PRP— —Personal Reliability Program
PULHES— —Physical Profile Serial Chart
RAM—Residency in Aerospace Medicine
RDS—Records Disposition Schedule
RILO—Review In Lieu Of
RMU—Reserve Medical Unit
ROTC— —Reserve Officer Training Corp
RPA— —Reserve Personnel Appropriation
RTD—Return to Duty
SGH—Chief of the Medical Staff
SGP—Chief, Aerospace Medicine
SPO—Senior Profile Officer
TDY— —Temporary Duty
TRICARE— —The Triple Option Benefit Plan

UCMJ—Uniform Code of Military Justice

UDM—Unit Deployment Manager

UFPM—Unit Fitness Program Manager

UHM—Unit Health Monitor

USC—United States Code

USUHS—Uniformed Services University of Health Sciences

VA—Veterans Affairs

WWD—World Wide Duty

Terms

ARC SGP—Chief of Aerospace Medicine for the appropriate Air Reserve Component, either Air Force Reserve Command or Air National Guard. When specific concerns are different for the two Reserve Components, the components will be specified by name (i.e. ANG/SGP and AFRC/SGP).

Disqualifying Defect—a medical condition that is unfitting for service in the Air Force IAW AFI 48-123, Chapter 5 (Retention Standards).

Duty Limitation—a recommendation resulting from a medical evaluation which, if applied explicitly, limits or restricts an Airman's ability to perform primary and/or additionally assigned duties, deploy (mobility), or participate in fitness activities.

Duty Limiting Condition—a medically-related condition (injury or illness) that results in a duty limitation. Commonly referred to as a DLC in this AFI, it is often used as an abbreviated term for the AF Form 469, *Duty Limiting Condition Report*.

Duty Restriction—a recommendation resulting from a medical evaluation which, if applied explicitly, restricts the activities that an Airman may perform in carrying out any and/all required or directed Air Force duties or responsibilities. While maintaining physical fitness is a responsibility of all Airmen, for purposes of this AFI, fitness activities are not included in the definition of Duty Restrictions.

Fitness Assessment Exemption—a recommendation resulting from a medical evaluation which, if applied explicitly, restricts one or more components of the Air Force Fitness Assessment

Fitness Restriction—a recommendation resulting from a medical evaluation which, if applied explicitly, restricts activities that an Airman may perform as part of a personal or unit-based fitness program.

Functional (or Physical) Limitation—the inability of an Airman to perform specific physical movements or actions based on an assessment of the Airman's injury or illness by a medical professional.

Functional (or Physical) Restriction—a report of an Airman's injury or illness, based on evaluation by a medical professional, that describes specific physical activities or functions that are recommended for the Airman to avoid to allow recovery or reduce risk of further injury.

Mobility Restriction—a recommendation resulting from a medical evaluation which, if applied explicitly, limits or restricts an Airmen's participation in deployment or mobility actions. Mobility qualifications are outlined in AFI 48-123.

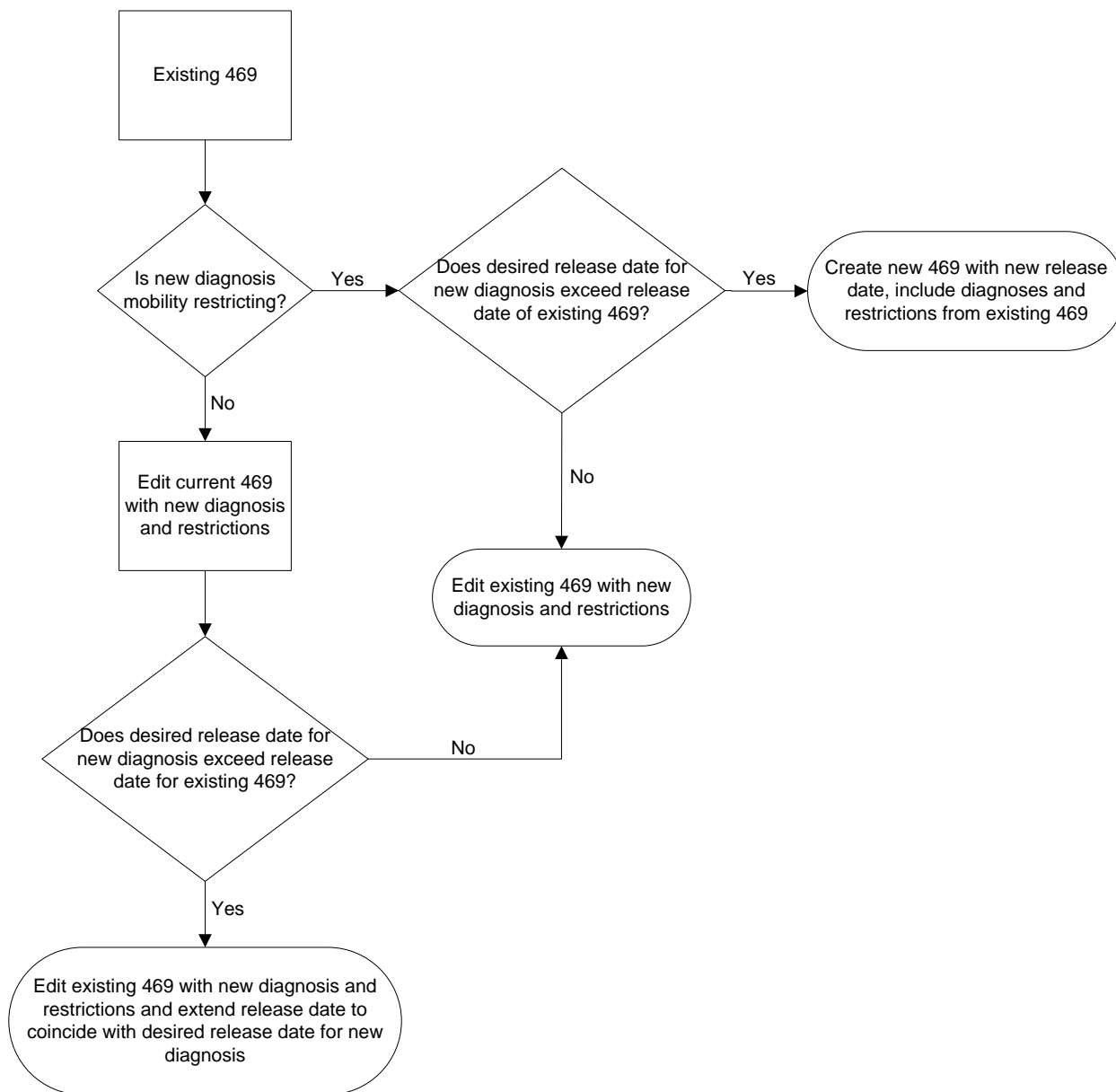
Physical Profile—a long-standing or permanent assessment of an Airman's ability to participate in military activities. The physical profile is described using the PULHES system IAW AFI 48-123. It is validated annually at the PHA and as needed for actions related to Air Force career development.

Preventive Health Assessment (PHA)—A recurring assessment of an Airman's health status IAW AFI 44-170.

Attachment 2

DECISION TREE FOR NEW AF FORMS 469 (PARAGRAPH 1.3.2)

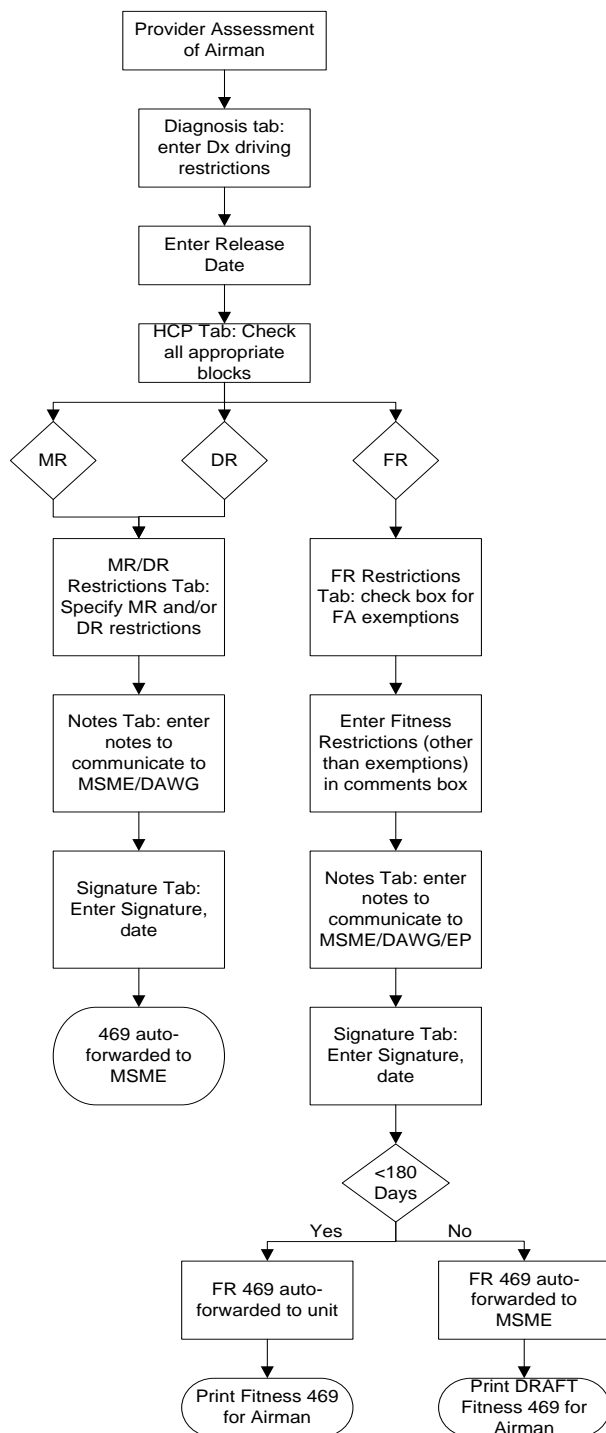
Figure A2.1. Decision Tree for New AF Forms 469



Attachment 3

PROVIDERS' PROCESS FLOW FOR AF FORM 469

Figure A3.1. Providers' Process Flow for AF Form 469



Attachment 4

SAMPLE DAWG MINUTES

Figure A4.1. Sample Dawg Minutes

Note: Items listed here are the minimum items required for inclusion in the monthly DAWG minutes. Specific format will follow local procedures and policies. These items are not exclusive of other items deemed appropriate by the DAWG. Paragraph notations reference location in this Instruction for further clarification.

- I. Mobility Metrics – FMC, PMC, NMC (4.3.1.)
- II. AAC 31 Review (4.1.3.2.)
 - A. 90-day (4.1.3.2.1.)
 - B. 300-day (4.1.3.2.2.)
- III. AAC 81 Review
 - A. Pregnancy DLC timeline compliance (3.5.) (if not tracked elsewhere)
 - B. AAC 81 Roster Reconciliation (4.1.3.6.)
- IV. 365-day DR/FR/FAE 469s (4.1.3.1.)
- V. RILOs
 - A. Cases referred for Initial RILO consideration (4.1.3.2.2.2.; 4.1.3.3.; 4.2.)
 - B. Open Initial RILO cases (4.1.3.5.1.; 4.2.1.5.)
 - C. Due/overdue Modified/Annual RILO review dates (4.1.3.8.; 4.3.3.2.)
 - D. Timelines (4.3.3.1.)
 - 1. Average days from case ID to date sent to DPANM or ARC SGP (4.3.3.1.1.)
 - 2. Average days from DAWG determination of Initial RILO to DPANM or ARC SGP disposition (4.3.3.1.2.)
 - 3. Average days from DPANM or ARC SGP disposition to date MEB sent to IPEB (4.3.3.1.3.)
- VI. Clinical Quality Review results/trends (4.1.4.; 4.3.3.3.)
- VII. Diagnosis/Medication Surveillance (4.3.2.)
- VIII. MPS AAC roster reconciliation (annually or ad hoc) (4.1.3.7.)